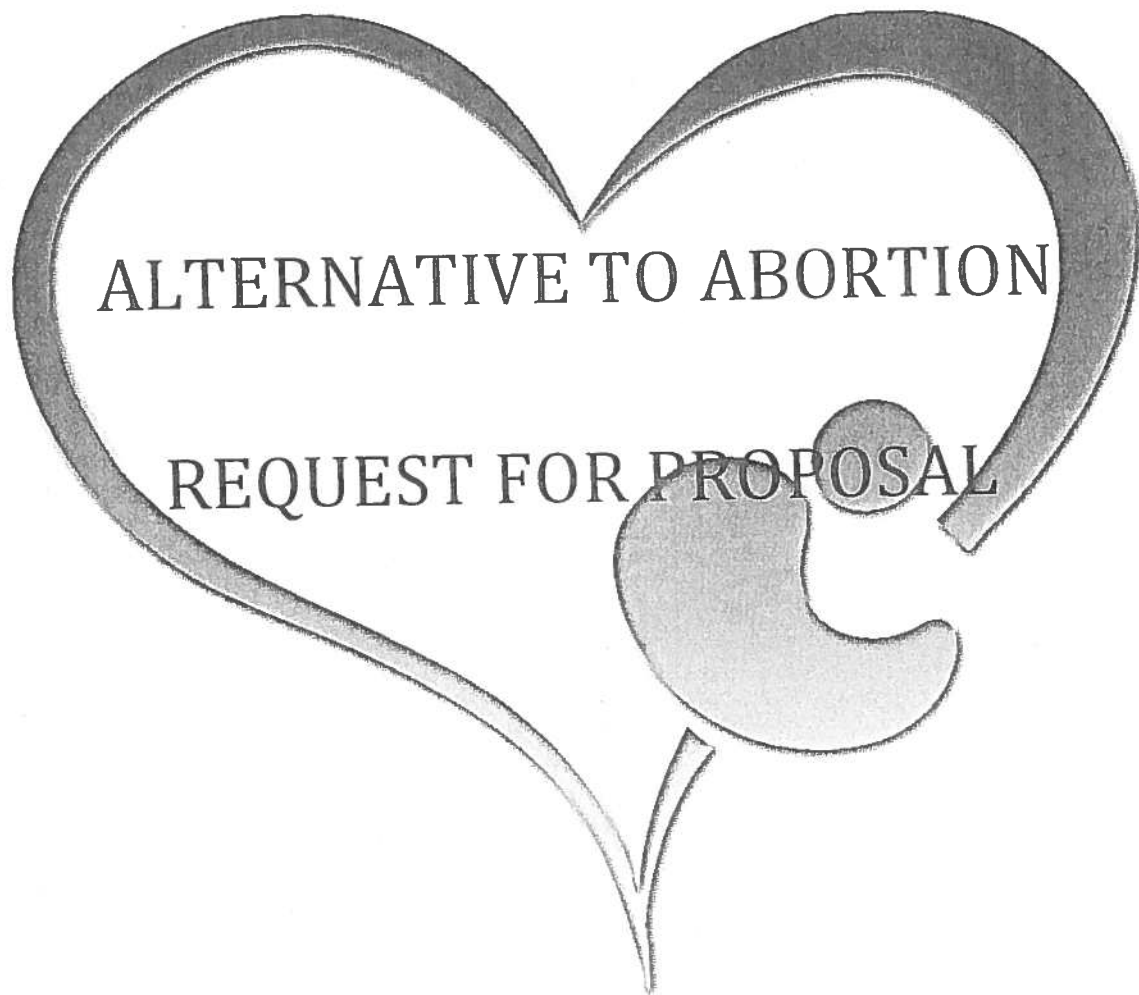


Life Choice Project

2016



August 5, 2016

ATTACHMENT VI: PROPOSAL COVER PAGE

PLEASE DO NOT WRITE IN THIS SECTION.

Proposal Cover Page

| | | |
|--|---|--|
| Name of Proposer <u>Caring To Love Ministries</u> | <div style="border: 1px solid black; padding: 5px; text-align: center;"> Received AUG 05 2016 DCFS Economic Stability </div> | Federal ID Number <u>72-0977636</u> |
| Program Name <u>Life Choice Project</u> | | |
| Proposer's Mailing Address: <u>3813 North Flannery Road</u> | | |
| City <u>Baton Rouge</u> | State <u>Louisiana</u> | Zip <u>70814-8002</u> |
| Name of Program Director <u>Dorothy Wallis</u> | Telephone No. <u>(225)215-0004</u> | Fax No. <u>(225)273-5931</u> |
| | | Email address <u>dwallis@ctlm.org</u> |

TYPE OF ENTITY

- () Public Non-Profit Organization
- (X) Private Non-Profit Organization
- () For-Profit Organization
- () Public Agency
- () Other _____

RECEIPT OF ALL OTHER STATE or FEDERAL FUNDS: Check all that apply to Proposer

- () Child Care Development Fund (CCDF)
- (X) TANF \$710,153.00 (DCFS)
- (X) Other \$15,160.92
- FEMA \$1790.00
- Fundraisers \$157,188.59
- Contribution \$176,622.44

TOTAL FUNDS REQUESTED:

\$ 1,260,000

Service Delivery Area(s) Proposed:

CPCS - STATEWIDE

CERTIFICATION

I (We) hereby certify that Dorothy Wallis on behalf of Caring To Love Ministries is fully authorized, by law or by
(Name of Individual) (Proposer Submitting Proposal)
corporate resolution (attached) to submit the following proposal, that the information contained herein is true and accurate to the best of my (our)
knowledge and belief; and that I (we) am (are) fully authorized to submit said proposal on behalf of said Proposer.

Official Authorized to Submit Proposal

Title

Date

Dorothy Wallis

Chief Executive Officer

August 5, 2016

Hand Deliver Proposal To: OR

Mail Proposal To:

Department of Children and Family Services
James Vidacovich, TANF Program Manager
627 North 4th Street, Room 5-302
Baton Rouge LA 70802

Department of Children and Family Services
James Vidacovich, TANF Program Manager
P. O. Box 94065, Room 5-302
Baton Rouge, LA 70804-9065

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Department of Children and Family Services –Alternatives to Abortion Initiative – 9/1/2016 to 6/30/2017

Caring to Love Ministries – “The Life Choice Project”

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COPY

Life Choice Project

Coordinated Prenatal Care for
Louisiana's Pregnant Women

August 5, 2016

Mr. James Vidacovich

TANF Program Manager
Department of Children and Family Services
627 N. 4th Street
Baton Rouge, LA 70802

Dear Mr. Vidacovich,

On behalf of Caring to Love Ministries (CTLM), I respectfully submit the attached proposal in response to the Louisiana Department of Children and Family Services' August 5, 2016 Alternatives to Abortion Initiative Request for Proposal #3000005978, to contract with the State to provide the Life Choice Project, a proven and successful pregnancy and parenting model.

CTLM is requesting funding in the amount of \$1,050,000 beginning September 1, 2016 through June 30, 2017. As the proposed project's administrator, CTLM intends to use these funds to build on existing pregnancy and parenting programs and resources under its model program, the Life Choice Project (LCP).

CTLM is a life-affirming, faith-based nonprofit organization established in 1983. Our goals are to expand services to reduce health and other related risks associated with unplanned pregnancies and poor birth outcomes for women who are pregnant, women who think they may be pregnant, their male partners, and/or pregnant minors whose family is at or below the 200-percent federal poverty level.

CTLM created the Life Choice Project (LCP) in 2002. LCP was the State's first response to the Alternative to Abortion Initiative. Over the last 13 years, we have celebrated the birth of over 72,000 babies born to mothers who entrusted their prenatal care to us. We are proud to be able to share that through the Life Choice Project, we offered a wide-ranging array of pregnancy and parenting support services at an average cost of \$224.00 per client!

The project proposed activities are to continue to provide LCP's Coordinated Prenatal Care Services (CPCS), a comprehensive system of support and services to pregnant women through our statewide partner service providers at their full service centers/clinics, and to extend our service delivery points by seeking to increase the number of partner service providers. We eagerly welcome the addition of new and former partner service providers from across the state.

CPCS Home-Visiting Outreach Support Services mirrors the CPCS model by offering participants the same level of services within their homes and/or in other supportive environments such as, community and faith-based settings. The CPCS model also incorporates the provision of abstinence and relationship education services for those women with negative pregnancy test results to mitigate future incidences of unplanned and out-of-wedlock pregnancies, particularly among adolescents and young women.



Additionally, CTLM intends to pilot a new concept by creating two new CPCS satellite sites, offering modified services within the two DCFS Regions 4 and 6.

Our Public Information and Awareness Campaign (PIAC) is designed to target the population most at-risk for unplanned pregnancies and adverse health during pregnancy. PIAC promotes the awareness and education of the LCP's comprehensive system of pregnancy and parenting services as an alternative to abortion by encouraging early and ongoing prenatal care in support of reduced infant mortality and improving pregnancy outcomes.

Please accept this letter as acknowledgment that I, Dorothy Wallis, am affirmed as the representative designed by the Board of Directors of Caring to Love Ministries and as such, I am authorized to submit and execute this proposal to secure the contract with the State of Louisiana to provide the services described within DCFS's Alternative to Abortion Initiative Request for Proposal previously referred. Attached, for your review are the signed Certification Statement and the certified Board Resolution recently approved by CTLM Board.

On behalf of CTLM Board and staff, I would like to unequivocally acknowledge that CTLM will adhere to all provisions as required in the ATA RFP and will supply all services and products for the fixed price offered in the RFP. Furthermore, CTLM unambiguously assures the State that the attached application being submitted was developed without collusion with other proposers.

Below, please find my contact and other relevant information as requested as the person authorized to contractually obligate Caring to Love Ministries; and provide technical and contractual clarification throughout the evaluation period.

- Applicant/Proposer Agency: Caring to Love Ministries
- Federal tax identification number: 72-0977636
- Contact Person: Dorothy Wallis,
- Title: Chief Executive Officer
- Address: 3813 North Flannery Road, Baton Rouge, La. 70814
- Phone number: (225) 215-0004
- Fax number: (225) 273-5931
- Email address: dwallis@ctlm.org

In closing, CTLM welcomes the opportunity to continue its collaborative efforts with the State to respond to the intricate and complex needs of pregnant women; and to provide timely access to information, resources and support to ensure all babies have a healthy start.

Thank you for your favorable consideration of CTLM's request.

Sincerely,



Dorothy Wallis, *Chief Executive Officer*
Caring to Love Ministries

ATTACHMENT II: CERTIFICATION STATEMENT

The undersigned hereby acknowledges she/he has read and understands all requirements and specifications of the Request for Proposals (RFP), including attachments.

OFFICIAL CONTACT. The State requests that the Proposer designate one person to receive all documents and the method in which the documents are best delivered. Identify the Contact name and fill in the information below: (Print Clearly)

Date August 2, 2016 Official Contact Name: Dorothy Wallis
A. E-mail Address: dwallis@ctlm.org
B. Facsimile Number with area code: (225) 273-5931
C. US Mail Address: 3813 North Flannery Road Baton Rouge, La. 70814-8002

Proposer certifies that the above information is true and grants permission to the State or Agencies to contact the above named person or otherwise verify the information provided.

By its submission of this proposal and authorized signature below, Proposer certifies that:

1. The information contained in its response to this Request For Proposal is accurate;
2. Proposer complies with each of the mandatory requirements listed in the Request For Proposal and will meet or exceed the functional and technical requirements specified therein;
3. Proposer accepts the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this Request For Proposal.
4. Proposer's quote is valid for at least 90 calendar days from the date of proposal's signature below;
5. Proposer understands that if selected as the successful Proposer, he/she will have 30 calendar days from the date of delivery of final contract in which to complete contract negotiations, if any, and execute the final contract document.
6. Proposer certifies, by signing and submitting a proposal for \$25,000 or more, that their company, any subcontractors, or principals are not suspended or debarred by the General Services Administration (GSA) in accordance with the requirements in OMB Circular A-133. (A list of parties who have been suspended or debarred can be viewed via the internet at <https://www.sam.gov>.)

Authorized Signature: Dorothy Wallis
Typed or Printed Name: Dorothy Wallis
Title: Chief Executive Officer
Company Name: Caring To Love Ministries
Address: 3813 North Flannery Rd
City: Baton Rouge State: Louisiana Zip: 70814-8002

SIGNATURE of Proposer's Authorized Representative

DATE

COPY

**BOARD RESOLUTION FOR CONTRACT WITH
Caring to Love Ministries**

State of Louisiana

Parish of East Baton Rouge

On the 19th day of August 2015, the Caring to Love Ministries Executive Board Meeting, the Board of Directors of Caring to Love Ministries with a quorum of the directors present the following business was conducted: It was duly moved and seconded that the following resolution be adopted.

BE IT RESOLVED that the Board of Directors of the above corporation does hereby Authorize (President and CEO) Dorothy Wallis to negotiate terms and conditions that she may deem advisable, contract with Caring to Love Ministries and to bind this organization to execute said documents on behalf of the cooperation, and further we do hereby give him/her the power and authority to do all things necessary to implement, maintain, and /or review said documents.

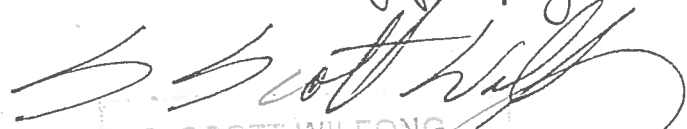
The above resolution was passed by a majority of those present and voting in accordance with the bylaws and articles of incorporation. I certify that the above and foregoing constitutes a true and correct copy of a part of the minutes of the meeting of the Board of Directors of Caring to Love Ministries held on the 19th day of August, 2015.



Rev. Terry Workman
Board Chairman

June 30, 2016

*Sworn to and subscribed before
me this 29th day of July, 2016*


S. SCOTT WILFONG
NOTARY PUBLIC
ID # 111111
commission does not expire

Executive Summary

Administrative Information

Project Title: Louisiana Life Choice Project
Applicant Agency: Caring to Love Ministries (CTLM)
Contact Information: Dorothy Wallis, Chief Executive Officer
Phone Number: (225) 215-0004 Fax Number: (225) 273-5931
Email address: dwallis@ctlm.org

The attached proposal submitted by Caring to Love Ministries (CTLM) to the Louisiana Department of Children and Family Services' August 5, 2016 Alternatives to Abortion Initiative Request for Proposal #3000005978 is valid for a time period of 180 days from the **August 5, 2016** date of submission

Caring to Love Ministries respectfully agrees to comply with all of DCFS' requirements regarding the terms and conditions as outlined within the Request for Proposal and the State's Contract (Attachment III) without exceptions should CTLM be awarded the contract for DCFS' Alternatives to Abortion Initiative.

Caring to Love Ministries (CTLM) is a life-affirming, faith-based nonprofit organization that was established in 1983. In the 33 years of operation, CTLM has led and participated in numerous efforts to address the complexities associated with unplanned pregnancies through educating, advocating, and raising awareness through work in pregnancy prevention, abstinence education, and quality prenatal care programs.

CTLM created the Life Choice Project (LCP) in 2002. Now, nearly 13 years later, LCP is recognized as a proven and successful statewide life affirming pregnancy and parenting model in response to the Alternative to Abortion Initiative. The goal is to promote early prenatal care for healthy pregnancy and full-term birth outcomes. Since its inception, approximately 72,000 babies were born to TANF eligible women. LCP offers a comprehensive array of prenatal care services through a partnership of life affirming pregnancy resource centers/clinics, and faith and community based organizations working collaboratively to provide information, resources, and services to support pregnant women most vulnerable for poor birth outcomes.

The Life Choice Project (LCP) model is utilized for the delivery of services and activities as outlined in the Alternative to Abortion Initiative of pregnancy and parenting supports. LCP services target TANF eligible, low-income, women who are pregnant or think they may be pregnant, their male partners, and/or pregnant minors whose family income is at or below the 200% federal poverty level.

LCP model is based on nationally recognized research strategies proven most effective for improving prenatal health and birth outcomes. The five strategies include *prenatal care, quality improvement outreach, care management, health education and messaging, and social supports*. The strategies support the Temporary Assistance for Needy Families (TANF) goals one and four which are to provide assistance to needy families so children can be cared for in their own homes or in the homes of relatives and to encourage the formation and maintenance of two-parent families. The LCP model also incorporates the required Alternative to Abortion system of pregnancy and parenting supports of healthy childbirth, full-term pregnancy, decision making regarding adoption or parenting and abstinence education throughout the proposed service delivery model.

The LPC is delivered statewide utilizing the Coordinated Prenatal Care Services (CPCS) that's based on the five strategies previously indicated. This approach is offered through full service pregnancy resource centers/clinics, a home-visiting program, and through a new strategy being introduced, the LCP satellite sites. The CPCS approach offer services that includes intake/eligibility, pregnancy testing, counseling, parent preparation and education courses, adoption and maternity home services, medical assistance, nutrition information, sexual transmitted disease (STD) testing, alcohol and drug counseling, assistance with maternity and infant items, and other supportive services to reduce other social and health related risks factors. This approach provides clear, accurate and timely information to pregnant women about their life affirming choices to ensure a healthy full—term pregnancy rather than terminating their pregnancies. All of program services are offered free of charge to TANF eligible women from the moment they think they may be pregnant through childbirth. CPCS offers three interventions of service delivery along with the public education and awareness campaign all promoting the importance of early prenatal care to ensure healthy prenatal and birth outcomes. The services are provided as follows:

| Services | Description of Services | To be Served |
|---|--|---|
| Coordinated Prenatal Care Services (CPCS) | <p>Services are offered in two tracts. For positive pregnancy test clients, the CPCS offers information and counseling that promotes health childbirth and assists pregnant women in their decision regarding adoption or parenting. Upon eligibility verification, services include self-administered pregnancy test; Counseling and social/psychological assessments for depression; health risk assessment; development and maintenance of prenatal plan of care; information, resources (regarding prenatal care, childbirth, adoption, parenting); other services and supports are offered to encourage the formation and maintenance of two-parent families; and access to appropriate referrals and linkages to support pregnant women's social and emotional well-being;</p> <p>For negative pregnancy test clients, pregnancy re-testing will be performed to re-confirm the initial negative test results. If the individual test negative but continues to present with pregnancy type symptoms, a health risk assessment is performed to identify potential health related issues. Social/psychological assessment services are offered through counseling services to help individual learn to cope and adjust to situation.</p> <p>Abstinence education is offered to provide information and resources to educate and encourage her to consider the option of abstaining from sexual activity to mitigate the incidences of unplanned and out-of-wedlock pregnancies. Counselors also stress the importance of healthy two-parent relationships in considering pre-conception planning to ensure the optimal health of both parents, which in turn optimize the health of their unborn child.</p> | <p>In-take Application (3490)</p> <p>Positive Pregnancy Test (4,230)</p> <p>Negative Test Results (700)</p> <p>Abstinence Education (700)</p> |
| Coordinated Prenatal Care Services (CPCS-HOSS) Home Outreach Support Services | CPCS-HOSS extends the center-based CPCS to target hard to reach TANF eligible, low-income pregnant women and pregnant minors usually without access to transportation. Pregnant women reside in rural and suburban communities and are often most vulnerable to poor prenatal health and birth outcomes. Services are delivered in their homes or other | 922 |

| | | |
|---|--|--|
| | appropriate safe places (churches, community) where they feel comfortable; to provide access to critical early prenatal care during pregnancy as outlined in CPCS. | |
| Coordinated Prenatal Care Services (CPCS-SS) – Satellite Site | <p>In an effort to expand services to new DCFS regions, CTLM will develop two pilot satellite sites to expand access to LCP services for TANF eligible pregnant women most vulnerable for poor prenatal health and birth outcomes. Modified CPCS model will be utilized for service delivery.</p> <p><i>Service projections for the CPCS Satellite Sites are inclusive in the primary CPCS targets indicated above with the goal of providing services to a total of 500 new clients between both proposed satellite sites.</i></p> | Positive Pregnancy Testing; Negative Pregnancy Testing; Abstinence Education; Counseling; On-going Monitoring; Referral; See page 19 |
| Public Information and Awareness Campaign | A comprehensive health education and messaging strategy are incorporated to promote the importance of changing risk behaviors and promoting healthy behavioral during pregnancy. This will be accomplished by utilizing websites, toll free helpline, television/radio commercials, billboards, social media, direct mail, printed materials, incentives, etc. The strategies are designed to specifically target the millennial population aged 18 to 29 years old pregnant women or women who think they are pregnant, and pregnant minors who are high risk for poor pregnancy health and birth outcomes. | (Services vary – refer to page 20) |

Based on our statistical information of services provided to pregnant women and women who thought they were pregnant, the Life Choice Project services have reached those individuals residing in communities throughout the state. CTLM proposes to continue its statewide approach. Currently six LCP partner service providers are physically located in Regions 1 Orleans (*Jefferson parish*); Region 2 Baton Rouge (*East Baton Rouge parish*); Region 3 Covington (*Tangipahoa parish*); Region 5 Lafayette (*Lafayette parish*); and Region 8 Shreveport (*Natchitoches parish*). CTLM propose to develop two new mini-satellite locations in the parishes of Ascension and Calcasieu in an effort to expand our outreach efforts.

The LCP targets the population of low-income, TANF eligible pregnant women, women who think they are pregnant, their partners, pregnant minors and their families. Services will be offered to all women of reproductive age but services will specifically target those high-risk pregnant women most vulnerable for poor birth outcomes. Specific emphasis will be placed on the population of pregnant women between the ages of 18 to 29 years referred to as millennial and those who are most often unmarried. While African American are most at-risk followed by Caucasians, all racial and ethnic groups will be offered services.

The outcome measurement is determined by the objectives, levels of influence and indicators as identified under each of the Five Strategic Core Approaches that supports the proposed outcomes of:

- Improved health and well-being of women experiencing unplanned pregnancy
- Increased number of healthy full-term unplanned pregnancies

Overall, the Life Choice Project aim to reduce the adverse effects of unplanned pregnancy and to support women experiencing crisis pregnancy. Through collaborations with key partners across the state, we continue to work to ensure that pregnant women identified in need of care receive the provisions of counseling, support, referral, and the appropriate linkages to resources within their community and that their babies are born with the best possible chance to grow healthy, strong, and happy.

Caring to Love Ministries is requesting **\$1,260,000** for the ten month period **beginning September 1, 2016 through June 30, 2017** to continue the Life Choice Project approach of life affirming pregnancy and parenting interventions to supports TANF eligible pregnant women most vulnerable to poor prenatal health and birth outcomes through a statewide approach.

Approach and Methodology

Required Components

The Life Choice Project's Coordinated Prenatal Care Services offers a comprehensive approach of pregnancy and parenting supports that fosters an understanding of the contributory factors and solutions to crisis/unplanned pregnancy at the individual, interpersonal, neighborhood/ community and service levels. This model incorporates the five strategies of *prenatal care, quality improvement outreach, care management, health education and messaging, and social supports* recognized as best practices for improving pregnancy and birth outcome.

The Coordinated Prenatal Care Services (CPCS) is the primary intervention strategy used and is offered in three approaches. The approaches include the CPCS, CPCS-HOSS, and CPCS-SS. Basically, each approach follow a similar delivery format with only few exceptions. Adaptions to the initial CPCS approach are offered to strategically reach those pregnant women most vulnerable to poor pregnancy and birth outcomes.

- The primary CPCS intervention strategy offers clients access to fully-operational pregnancy resources centers/clinics currently located within the four DCFS regions of 1, 2, 3, 4, and 8.
- Coordinated Prenatal Care Services – Home Outreach Support Services (CPCS-HOSS) is the second intervention strategy that was created following Hurricane Katrina to offer home-based access to the targeted hard to reach pregnant women often without access to transportation and to those residing in rural and suburban communities.
- The Coordinated Prenatal Care Services – Satellite Sites (CPCS-SS) is a new strategy that offers the opportunity to create mini start-ups in new communities to expand services to two additional DCFS Regions 4, and 6.

The Public Information and Awareness Campaign is the final intervention strategy but just as important. It promotes the important of early access to prenatal care for improved healthy pregnancies and full-term births. It's used to promote the availability of the LCP's pregnancy and parenting services and supports through a coordinated marketing approach. These strategies include social media options, websites, printed materials (i.e., brochures, flyers, and direct mail), advertisement on television and radio, billboards and other signage, and a toll-free helpline available 24/7 to provide information, referral and other assistance as needed.

LPC's Coordinated Prenatal Care Services (CPCS) as described above, addresses the TANF goals one and four to provide assistance to needy families so children can be cared for in their own homes or in the homes of their relatives; and to encourage the formation and maintenance of two-parent families. This approach also supports the Alternative to Abortion Initiative primary focus of 1) healthy childbirth; 2) full-term pregnancy; 3) decision making regarding adoption or parenting as an alternative to abortion; and 4) abstinence education to avoid unplanned and out-of-wedlock pregnancies. The following chart demonstrates the correlation to the proposed services and activities offered through the Life Choice Project.

Intervention # 1 – Coordinated Prenatal Care Services (CPCS) and
Intervention # 2 – Coordinated Prenatal Care Services (CPCS) Home Outreach Support Services
Intervention #3 – Coordinated Prenatal Care Services – Satellite Sites

| Five Strategic Components | Related Services Activities | TANF Goals and ATA Required Four Components |
|---|---|---|
| Prenatal Care and Quality Improvement Comprehensive client-centered prenatal care intervention in accordance with best practices | Coordinated Prenatal Care Services (CPCS): <ul style="list-style-type: none"> ○ In-take Application Process/ TANF Eligibility Verification ○ Pregnancy Test/Pregnancy Verification (Ultrasound – if available) ○ Negative Pregnancy Test ○ Abstinence Education ○ Counseling (individual, partner, family) ○ Health Risk Assessment ○ Referral to Adoption Agency and/or Maternity Homes ○ Consultation about Adoption options and Safe Haven awareness ○ Referral to Medical and/or Mental Health provider | TANF Goals 1 & 2 <ol style="list-style-type: none"> 1. Healthy childbirth 2. Full-term pregnancy 3. Decision making regarding adoption or parenting 4. Abstinence Education |
| Care Management A professional or para-professional assigned to provide comprehensive foundation for support and coordination of services for pregnant women and their partners, and families members | <ul style="list-style-type: none"> ○ Care Plan Development ○ On-going Care/Monitoring ○ Birth Outcome Confirmation ○ Family Support Services include male partners ○ Health and Nutrition Assessment ○ Family Assessment | TANF Goals 1 & 2 <ol style="list-style-type: none"> 1. Healthy childbirth 2. Full-term pregnancy 3. Decision making regarding adoption or parenting |
| Social Supports Emotional and information support and direct material support through the provision of resources | <ul style="list-style-type: none"> ○ Client Incentives ○ Pantry (food, clothing, etc.) ○ Referrals (basic needs, health/safety, healthy lifestyles, etc.) ○ Referrals (WIC/Medical/Medicaid/Nutrition) ○ Prenatal and Infant Care Education Classes ○ Parenting Classes and Information ○ Childbirth Classes and Information ○ Adoption Information ○ Safe Haven Awareness ○ Negative Pregnancy Test ○ Abstinence Education ○ Domestic/Partner Violence ○ STD Testing Information ○ Substance Use/Alcohol ○ Smoking Cessation ○ Zika Virus Risk Information ○ Influenza Risk Information | TANF Goals 1 & 2 <ol style="list-style-type: none"> 1. Healthy childbirth 2. Full-term pregnancy 3. Decision making regarding adoption or parenting 4. Abstinence Education |

Intervention # 2 – Coordinated Prenatal Care Services (CPCS) Home Outreach Support Services
Intervention #3 – Coordinated Prenatal Care Services – Satellite Sites

| Five Strategic Components | Related Services Activities | ATA Required Four Components |
|---|--|--|
| Outreach A systematic effort to provide services beyond conventional limits to a particular segment of the community. | Coordinated Prenatal Care Services (CPCS) as described above <ul style="list-style-type: none"> ○ Family Support Services ○ Counseling | TANF Goals 1 & 2 <ol style="list-style-type: none"> 1. Healthy childbirth 2. Full-term pregnancy 3. Decision making regarding adoption or |

| | | |
|---|--|---|
| | | parenting 4. Abstinence Education |
| Intervention # 4 – Public Information and Awareness Campaign | | |
| Five Strategic Components | Related Services Activities | ATA Required Four Components |
| Health Education and Messaging Information and instructions regarding wellness and disease prevention that seeks to influence social behaviors to benefit the audience and the community. | <ul style="list-style-type: none"> ○ Sources for Women toll-free helpline ○ Commercial advertisement via radio, televisions ○ PSAs ○ Billboards ○ Website, social media, ○ Dissemination of printed promotional materials (i.e., schools, medical facilities, etc.) ○ Direct mail ○ Bi-monthly E-Choice Newsletter | TANF Goals 1 & 2 1. Healthy childbirth 2. Full-term pregnancy 3. Decision making regarding adoption or parenting |

Programs and services offered through the Life Choice Project are based on expert literature and research on unintended pregnancy, adverse birth outcomes, teen pregnancy rates, live birth rates, health-related risk factors during pregnancy, and induced abortion rates. For the Life Choice Project's Initiative to accomplish its goals of improving birth outcomes, the approach must be:

- *Comprehensive and integrated*– interventions should address multiple risk factors simultaneously, using multiple strategies thereby creating a comprehensive and integrated approach.
- *Multi-Level* – interventions should address multiple influences at the individual, interpersonal, neighborhood/community, service systems and societal levels.
- *Collaborative* – interventions should be undertaken in collaborative partnerships representing diverse disciplines, knowledge and skills.
- *Community-Driven* – interventions should be developed, implemented and evaluated by local stakeholders.
- *Promising/Best Practices* – interventions should be supported by credible research-based information on what works to increase the changes of health outcomes for mother and baby.
- *Culturally Competent*- interventions to identify, treat, and follow women at risk should be designed in a culturally competent manner.

CTLM incorporates Five Strategic Core Approaches (FSCA) in the design of the Life Choice Project's service delivery for improving birth outcomes that include *Prenatal Care and Quality Improvement, Outreach, Care Management, Health Education and Messaging, and Social Supports*.

1. **Prenatal Care & Quality Improvement**– Prenatal care remains the most widely used population-wide intervention for improving birth outcomes. The goal of this strategy is to improve the quality and content of prenatal care by assisting providers to implement standard, promising practices, and nationally recommended prenatal care services in culturally competent ways. The Life Choice Project utilizes a collaborative prenatal care quality improvement method that incorporates the basic elements for improving care in systems at the community, organization, practice and individual levels. This system of change through which prenatal care is provided promotes client centered, up-to-date care management through team care and community partnership.

In addition, through center-based, home outreach services, and the new satellite sites a greater emphasis is placed on women with prior poor birth outcomes who are at risk for having another poor birth outcome during their subsequent pregnancy. The goal of this strategy is to reduce the recurrence of adverse birth outcomes by providing prenatal care for women who have had a prior early preterm or very low birth weight birth, fetal or infant death, pregnancy affected by preventable

congenital anomalies, adolescent pregnancy, and other chronic health problems associated with adverse pregnancy outcomes.

The core components of care will consist of 1) risk assessment, 2) health promotion, 3) medical and psychosocial interventions, and 4) outreach and case management.

2. **Outreach** – Even if a system is in place to provide quality prenatal care to every pregnant and parenting woman and family, it will have limited impact if women do not access prenatal care, particularly those at risk for poor birth outcomes. The goal of this strategy is to improve access to prenatal and other resources for at-risk women and families by providing care within their homes or other safe environments.
3. **Care Management** – The objective of care management is to connect pregnant and parenting women and families to the services they need. Similar to outreach, several effective local and national evidence-based best practice models have been developed, including the Nurse Family Partnership which uses professional home-visiting registered nurses, the Healthy Start program and the Black Infant Health program which use a combination of professional and lay workers to provide the care management.
4. **Health Education and Messaging** – Health education is the primary means for changing risk behaviors and promoting healthy behaviors during pregnancy. Prenatal health education primarily takes place at the prenatal visits. The goal is to expand the reach of health education through multiple channels at multiple levels. The aims are to change not only individual behaviors but also interpersonal (partners and, families) support, community and social norms, institutional practices and public awareness. Based on literature review, successful health education interventions are characterized by the following: 1) grounded in scientific theory; 2) capable of reaching the target population, who are capable of reaching the desired outcomes; 3) use of multiple channels; 4) guided by formative research; 5) developed and implemented with community partnership; and 6) core content is driven by community-identified priorities (e.g. abstinence and relationship education).
5. **Social Support** – Stress and mental health issues are priorities for pregnant women. A growing body of scientific literature has linked psychosocial stress to adverse birth outcomes, particularly preterm birth and low birth weight. The goal of this strategy is to promote healthy births by providing and promoting psychosocial support to pregnant and parenting women, their male partners and their families. These interventions offer a multi-level approach, consisting of 1) strengthening the capacity of partners, families, and social networks to provide psychosocial support building community support, and 3) enhancing systems capacity to provide care management and home visitation.

For the Life Choice Project to be truly comprehensive and multi-level we strive to implement each of the aforementioned core approaches that address multiple levels of influence. These strategies foster an understanding of the contributory factors and solutions to crisis pregnancy at the individual, interpersonal, neighborhood/ community, and service systems. Using this framework, the Life Choice Project's related services and activities are offered through the following four interventions:

Schedule for accomplishing project

Intervention 1 - Coordinated Prenatal Care Services (CPCS) –

The primary service delivered by the statewide network of pregnancy resource center partner service providers to TANF eligible participants offering information, referral, access to needed medical, nutritional, social, emotional, educational, developmental, and other appropriate prenatal care services. These services are designed to improve the health and well-being of the expectant mothers and their unborn through preventive care to reduce morbidity and mortality of pregnant women and infants, and to promote the cost effective utilization of existing services.

A TANF eligible recipient may enroll in the program free of charge at any time during her pregnancy. CPCS offer an on-going process of services by care professionals and other personnel in a number of activities. The length and frequency of the services will vary according to the individual's and/or family's needs, but in general should be in accordance with the schedule outlined in the Client Service Assessment Guide.

Services available at each pregnancy resource center/clinic and offer the provision of counseling, information, resources, supports and access to appropriate linkages to support the social and emotional needs of pregnant women in crisis to ensure healthy and full-term pregnancies. Services are delivered as follows:

Service Activation

- Intake Application and Eligibility Determination Process, client to complete the Client In-take, Consent Form, and TANF eligibility determination documentation.
- Pregnancy Test that is self-administered is performed by client to confirm a positive pregnancy.

Upon the verification of TANF eligibility and confirmation of positive self-administered pregnancy test, services are provided through one of the following provisions.

1. Positive Test Pregnancy Services:

- *Positive Pregnancy Test* - following the initial confirmation, a 2nd self-administered test is performed for verification by physician. Ultrasound confirmations may be provided if such service is available at the center/clinic.
- *Counseling* by caring and trained counselors offer emotional support, information and resources to vulnerable pregnant women, their male partners and/or families in making informed decisions about their unexpected pregnancies as to whether to consider parenting or adoption.
- *Health Risk Assessment*, offer written assessment of pregnant women's general health and well-being.
- *Care Plan Development*, written service plan guide pregnant women, their male partners, and/or families to set goals and actions related to issues/concerns identified by the Health Risk Assessment.
- *On-going Care/Monitoring*, offers care management through services that support pregnant

women via regular visits and follow-up contact to monitor the pregnant women's emotional well-being, follow-ups to prenatal and other health-related plans, and other issue relevant to her care and service.

- *Referrals*, offers linkage to other local providers and services to address needs/issues identified in the Health Risk Assessment to ensure appropriate care and support, i.e., smoking cessation, domestic violence, other health and lifestyle related concerns.
- *Family Support Services* aim to support parents in developing and sustaining healthy relationships through couple sessions, communications, life skills development, and other providing assistance and support in other family related matters. Male partners and families members are encouraged to actively participate in available program services. This also includes access to new and donated items for both mother and newborn as available by each Partner Service Provider. Other services include individual and group sessions in such topics as prenatal care, parenting, safety, preparing for baby, etc. to further support pregnant women during their pregnancy.
- *Birth Outcome Confirmation*, follow-up visit to confirm delivery and birth outcomes; initiate case closure and to transition the new parent(s) to other supportive services based on availability.

2. Negative Test Pregnancy Services

- *Negative Pregnancy Test*, self-administered pregnancy test resulting in negative outcome for those individuals who may have thought they were pregnant. Re-testing and conducted as and additional confirmation, particularly when women continue to experience pregnancy like symptoms. Counseling services are offered to women with negative pregnancy test as this may be an emotionally challenged experience learning that they're not pregnant as well as for those who may be relieved to learn that they're not pregnant.
- *Counseling*, caring and responsive professional trained counselors offer support, information and resources to assist women who may have thought they were pregnant to help them adjust to their situation. Other support is provided as needed to help non-pregnant women consider abstinence to reduce the incidence of future unplanned pregnancies. Counselors also stress the importance of healthy two-parent relationships prior to consider preconception planning to ensure optimal health of both parents, which in turn optimize the health of their baby.
- *Abstinence Education*, information and resources to help women build decision-making skills and improve their knowledge about the importance of developing healthy relationships and promote healthier lifestyles choice of avoiding unplanned pregnancies out-of-wedlock.

Program Deliverables and Service Component Descriptions

The following chart outlines the deliverables for each service component, the description of the types of allowable services, and the limits to services for the three types of Coordinated Prenatal Care Services available at the local pregnancy resource centers/clinics, through the home outreach support services, and/or the new satellite sites. This is a standard chart of services for all partner service providers. Currently there are six existing partner service providers and an additional three perspective partner service providers to join the Life Choice Project.

TANF eligible pregnant women and women who think they may be pregnant and who desire to participate in the CPCS service delivery are offered these services free of charge from the moment they are pregnant through the birth of their child. Services are designed to support pregnant women throughout the term of their pregnancy. Pregnant women have the option to choose the level of program involvement that best meet their needs.

| intervention #1 - <i>Coordinated Prenatal Care Services (CPCS)</i> | | |
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| SERVICE COMPONENTS / TARGET NUMBERS | DESCRIPTION | BILLABLE ALLOWANCE |
| Application Process 3490 | <p>Client In-take - Initial contact with the pregnant woman or woman who think they are pregnant to conduct a preliminary assessment of eligibility and need whether or not a particular individual desires to receive the Prenatal Care and Coordination Services. This is performed during a face-to-face interview and is documented in writing.</p> <p>Client Consent - Prior to the start of service delivery, Partner Service Providers are required to obtain client consent for services. The Client Consent Form outlines the CPCS, the client's rights and responsibilities, follow-up process, and the agency's liability limits.</p> <p>TANF Eligibility Determination – Part 1 of the required client's eligibility determination is establishing the Income Eligibility. Eligible participants include: pregnant women; women who think they are pregnant; and meeting the TANF eligibility guidelines.</p> <p>Client must complete both pages of the TANF EZ Form and co-signed by Partner Service Provider or authorized representative. Completed TANF EZ Form is required to confirm a client's eligibility for service and must include documented proof of income and residency to be retained in client's file.</p> | <p>Limit 1 service</p> <p>TANF EZ Form Partner Service Provider responsible for determining the client's eligibility prior to the start of any services. Eligible recipients must meet the TANF Eligibility Guidelines based on the 2016 Federal Poverty Guidelines.</p> |
| Pregnancy Test/ Positive Pregnancy Verification 4,230 | <p>Pregnancy Test - Part 2 of the required client's eligibility determination is positive pregnancy verification. Clients are provided self-administered pregnancy test.</p> <p>Pregnancy Verification – In addition, pregnancy verification is required to ensure that the client's pregnancy has been confirmed. The pregnancy verification can be established by a physician, registered nurse, or a state licensed midwife. Sonograms are especially helpful to those who are still considering a pregnancy termination after the initial counseling. The -abortion-vulnerable client is defined as one who faces obstacles that she may feel incapable of handling or unwilling to experience, but who has not yet decided with certainty to terminate her pregnancy. In many instances, the client will request to see her baby via ultrasound and as a result the client decides to carry the baby full term. A second pregnancy test will be performed to ensure the confirmation of the positive test results...</p> | <p>Minimum 2 services</p> <p><i>Pregnancy verification can only be provided by medical professional it is not a billable allowance.</i></p> <p><i>Sonogram is a medical service and as such is not a billable allowance.</i></p> |
| Negative Pregnancy Test 700 | Negative Pregnancy Test – Women whose pregnancy test results are negative. | Minimum 2 service |

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| Abstinence Education 700 | Abstinence Education offered to negative pregnancy to assist them in assessing their current situation and assess the option of adopting a plan to delay pregnancy until a more appropriate time, the importance of having a healthy relationship with their male partner and considering the consequences of unplanned pregnancies. | Minimum 2 session <i>(Based on individual basis)</i> |
| Counseling (One-on-one counseling, male partner, and/or family) 3250 | Counseling —social support and guidance provided to assist pregnant women assess their lifestyles. The professional staff member can do much in guiding expectant mothers to develop healthy behaviors during pregnancy by accessing appropriate resources and support to set goals for themselves, their personal relationships, health, family development, home education and/or career. | 1 to 3 sessions available as needed |
| Referral (Includes distribution of information, referral and linkage to other community based services) 1 st – 2400 2 nd - 700 | <p>Educational, informational, and other materials - All materials such as brochures, pamphlets, flyers, etc. distributed to LCP clients must meet prior approval from the Life Choice Project office. All items provided to clients during the delivery of LCP services must be secular. They should cover a wide range of topics including services for at-risk mothers; insurance; medical information; treatment centers (smoking cessation, substance abuse); stress reduction; development of the baby; discomforts during pregnancy; nutrition; safety; preparing for the hospital; preparing for the baby's arrival; post-partum care; health care expectations – well baby check-ups, immunizations, illness, etc.</p> <p>Community Resources for Outreach and Referral Services - A directory of community resources must be available and include the description of services offered, name of agency, address, telephone number, contact person, and any cost associated with the services. The list includes, but is not limited to the following services and agencies: Adoption; AIDS/HIV; Alcohol, tobacco, and other drug abuse programs; Child welfare services; Children with special needs program; Early childhood intervention program (Head Start, Early Head Start, Birth to 3); Domestic/Family Violence; Day care centers; Employment/Job Training; Food pantries/other food services; Special Supplemental Food Program for Women, Infant, and Children (WIC); Housing and shelters for the homeless; Maternity Homes; Legal assistance; Social service (e.g., family/marriage counseling, family support services; clothing for newborns; Parenting education (including fathers); perinatal loss/grief counseling; Family Resource Centers; Adult Education; Transportation; etc.</p> | <p>Minimum 2 sessions</p> <p>Service Providers are required to provide documented evidence of referrals by completing the Referral/Pantry Service Form that identifies services to address the client specific needs.</p> <p>The Life Choice Project will provide limited resources in educational, informational and other health related materials.</p> |
| Health Risk Assessment 2600 | A formal, written comprehensive needs assessment is developed by the prenatal care professional during a face-to-face interview with the pregnant women to assess their health and well-being. Assistance is also provided in applying to state programs such as WIC, Medicaid, LA Moms, etc. The process includes a review of a formal evaluation conducted by the prenatal care professional with the client. Information gathered through this assessment will aid in the development of a plan of care that will support the on-going coordination and monitoring of services to ensure healthy birth outcomes. | <p>Minimum 2 sessions</p> <p>At minimum, should cover:</p> <ul style="list-style-type: none"> • medical ; • social/family; • nutritional; and • prenatal, • Educational and/or vocational needs |

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| <p>Care Plan Development 2400</p> | <p>A formal written, service plan shall be developed by the prenatal care professional with the client in a face-to-face interview with TANF eligible recipient to address their needs and build on their strengths.</p> <p><i>The care plan should include:</i></p> <ul style="list-style-type: none"> Address the specific needs of the individual/family as identified in the initial risk assessment; Establish priorities among the needs identified and document a procedure formulated to address these needs; Outline the responsibilities of the prenatal care professional, the individual and appropriate family members; and other pertinent persons; Provide eligible individuals with information and direction that will enable them to successfully access and utilize the needed services identified by the plan; and <p>Counselor can provide social support and guidance to expectant mothers to help them to set goals for themselves, their personal relationships, health, family development, home /career. The Maternal Life Course Development is table offer a listing of topics that should be addressed to promote positive maternal life course development and the associated potential outcomes of setting goals for each topic. Refer to Maternal Life Course Development</p> | <p>Must include, at a minimum, documentation of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> person(s) involved in development of care plan; <input type="checkbox"/> measurable goals to be achieved through the provisions of services; <input type="checkbox"/> all services to be provided, including medical, nutritional, social, educational, developmental, health care, and other appropriate services; <input type="checkbox"/> referral to other programs including WIC, Medicaid, LA Moms; and schedules for the prenatal care professional to monitor the service plan and to perform a formal assessment. |
| <p>On-going Care Coordination and Monitoring 1st – 2400</p> | <p>The need for follow-up visits is determined by the care professional and the TANF eligible recipient. As a comprehensive approach to prenatal care, the CPCS promotes on-going care coordination and monitoring throughout pregnancy. Offers individualized services to at-risk pregnant women to strengthen their capacity to meet their needs whether personal, social, medical, and financial, facilitates the clients ability to access and appropriately utilize available resources. The prenatal care professional will assist the eligible participant based upon issues identified in the health risk needs assessment. Performed through face-to-face contact and monitoring via telephone contact. Services must be documented in writing. The Service Provider will be responsible for monitoring the Care Plan to determine:</p> | <p>Limit 2 sessions</p> <p><i>Additional sessions require prior approval from LCP administrator (Based on an individual basis)</i></p> |

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| 2 nd - 1000 | <ul style="list-style-type: none"> <input type="checkbox"/> what services have or have not been delivered; <input type="checkbox"/> whether the services were delivered as scheduled; <input type="checkbox"/> whether the services were consistent with the individual's care plan; and <input type="checkbox"/> whether modification to the care plan is required. | The recommended schedule, unless modified for an individual's need(s), is for pregnant woman; each trimester during pregnancy; within one month prior to birth. |
| Family Support Services (workshop sessions, training, and other activities) 4650 | <p>Service aims to support parents in developing and sustaining healthy relationships, in ways that help them to be better parents and experience more satisfying, long-lasting partnerships, which will in turn have beneficial long-term effects on their children's development and future life choices. Services and activities:</p> <ul style="list-style-type: none"> ▪ Strengthen family relationships ▪ Develop and enhance parenting skills ▪ Enhance father's leadership skills ▪ Reduce barriers to effective parenting. <p>Prenatal Care- A variety of curricula and educational programs are utilized by the Service Providers from a visit-by-visit plan to handouts. Prenatal education classes are required to provide at least 30 minutes of instruction per session to pregnant women.</p> <p><i>Baby & Me Classes-</i> are frequently used by many of the Service Providers and offer pregnant women opportunities to ask questions and gain new information. At minimum, Service Providers are encouraged to choose a pregnancy reference book such as -What to Expect When Expecting by Eisenberg, Mirkoff, and Hathaway, and use it together with the pregnant woman to help in preparation for the baby's arrival. The prenatal education programs should cover the following aspects of pregnancy, labor, and delivery and postnatal period accurately. A Prenatal Education Checklist noting suggested topics is attached</p> <p>Parent Education – Partner service providers are encouraged to adopt curriculums approved LCP programs or to submit their preference to the LCP Administrator for approval. Parenting education programs should include suggested topics that address aspects of child development, health and safety accurately and appropriately according to the participant's individual needs. <i>Refer to Parent Education Checklist, -Earn While You Learn</i> is an optional curriculums available to service provider/subcontractor, but again, they are free to utilize other appropriate curriculums or educational formats that best suit their service delivery. Refer to "Earn While You Learn."</p> | Minimum 2 sessions <i>Additional sessions require prior approval from LCP administrator</i> |

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| Birth Outcome Confirmation 790 | <p>Final On-going Care and Monitoring Services performed to initiate case closure activities, obtain confirmation on the delivery and birth outcomes, and to transition to other local support services.</p> <p>Since all Life Choice Project's services are voluntary, pregnant women may terminate visits at any time; however, cases are usually closed when the goals set and achieved and at the birth of the baby. During the closure visit the mother and Home Visit Nurse or Home Visit Educator has the opportunity to review and summarize the information covered during the service delivery, to facilitate transition to other programs, and to acknowledge achievements made by the while enrolled in the program. Parents also have the opportunity to prepare for separation of the bond that has been established between with the Home Visit staff and the Home Visit by thinking of final questions to go over and by strengthening their relationship with other appropriate support systems in their life.</p> <p>For families who are transitioning to other programs, such as into the public school or local Head Start program, Home Visit staff should try to participate in transition planning meetings activities with the other program to facilitate the transfer of the family's case as deemed appropriate.</p> | Minimum 1 session |
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Intervention 2 - CPCS Home Outreach Support Services –

CPCS-HOSS is an outreach approach that extends the center-based Coordinated Prenatal Care Services to the target population of hard-to-reach, at-risk, low income pregnant women and minors without transportation living in rural, urban, and suburban communities. Services are offered in their homes or in other designated safe environments i.e., churches and community centers.

The following describes the flow of the service delivery similar to the method used in the center- based Coordinated Prenatal Care Services but with emphasis on the home environment.

- A TANF eligible pregnant woman is informed about the CPCS Home Support Outreach Services during their initial visit at the center with the counselor following the completion of their self-administered pregnancy test. There are two types of CPCS Home Support Outreach Services - the initial prenatal visit and the birth outcome confirmation visit (BOCV) which is conducted following the baby's birth to initiate case closure and obtain information about the overall birth outcome for both mother and infant. The outreach visits are conducted by a dyad team comprised of the Home Prenatal Care Nurse (HPCN) and the Home Prenatal Care Educator (HPCE). The Home Prenatal Care Educator (HPCE) is a non-clinical person who basically works with the pregnant woman to assess basic needs and coordinate appropriate resources to support mother, baby and her families. The Home Prenatal Care Nurse (HPCN) is a clinical person responsible for assessing the overall health and well-being of the pregnant women and providing her with the guidance and resources to support her in addressing any health-related concerns. The HPCN and the HPCE with the pregnant women, their male partners, and families work to ensure the necessary supports and resources for the health of both the mother and the unborn child.

- Each CPCS partner service contractor Home Support Outreach Support Services may operate slightly different in terms of the available resources. Through the support of in-kind contributions and other resources, the dyad may bring groceries on the home visit with the pregnant woman and her families, but other locations may not have this resource available. Other items may be available instead such as clothing and other incidental items that the pregnant woman may need.
- During the prenatal care visit the dyad conducts a health risk assessment, provide counseling, supports and other information to the pregnant woman, their male partner and family members are encourage to be engaged in the services and informed of the importance of accessing appropriate health care, nutrition, psychological support, etc. to reduce their risk factors during pregnancy. The dyad discuss the purpose of the birth outcome confirmation visit and asked that upon the infant's birth that team be contacted to schedule the (BOCV) visit. HPCN inquiry if the pregnant woman is experiencing any complications with her pregnancy, goals are for her pregnancy and an example of the answer might be to have a healthy baby and take care of myself.
- HPCE or HPCN also inquire as to whether or not the pregnant woman has applied for Medicaid, WIC and scheduled doctor's appointment and all responses are documented appropriately. The staff discusses the importance of completing any tasks not completed as discussed during the intervention. The Prenatal Care Home Outreach assessment sheet is completed and signed by the HPCN. The questions are asked as listed on the form. If the client is experiencing any of the problems listed (cramping, bleeding, etc.) client is instructed to call their doctor if they have one or to be evaluated in the emergency room. Any current prescription or over the counter medications are listed. If client does not mention prenatal vitamins RN recommend that they consider taking them and where to purchase them.
- Under client/family strengths identified: HPCN inquiries as to who will be helping with the baby when it comes to help the pregnant woman to begin thinking about her support system. Defusing Client/family challenges identified might include problems identified by pregnant woman or lack of support system. How does she see the father of the baby involvement with her and this pregnancy? Primary Objective: example is -Healthy baby and pregnancy Outcome Goals: Plans for after the baby comes such as working, school plans, etc. Health Education: Gestational Diabetes and Preeclampsia are briefly explained and what to expect if diagnosed with either of these complications. Suggestions on various parenting modules and prenatal series such as nutrition and exercise are offered. If the pregnant woman is a smoker she given information about the effects of smoking on both her health and that of her unborn child.
- During the visit other risk behaviors and concerns such as alcohol, recreational drug use, other addictive behaviors and STDs. The dyad works with the pregnant woman to establish a care plan that addresses referral and other support needs for the individual, her male partner, and family. Information about her family is also document to assist in coordinating support as needed. The dyad reminds pregnant woman to contact the center anytime if she has any questions or concerns; go to the ER if she's experiencing any complications; consider enrolling in prenatal and parenting sessions; confirm referrals and other suggested supports; provided printed materials such as "Baby Talk" magazine; and schedule follow-up visits if desired.
- During the *Birth Outcome Confirmation Visit (BOCV)* the dyad will offer assistance with groceries, infant and adult clothing and provide a bag or basket of gifts for the baby that includes formula, diapers, wipes, and clothing for the baby, baby food, toys, bath items assorted based on availability and type of formula or size of diapers. Services continue as client is asked by HPCN or HPCE if she had any concerns in delivery either for herself or the baby. HPCE or HPCN completes the Birth Outcome Confirmation Form that gathers information on the overall

outcome of the delivery, baby weight, health-related concerns, etc. The new mother is asked about her goals now that she has had the baby; for school, work, childcare, staying home, etc. The parent is asked if she has made doctor's appointments for both herself and the baby, scheduled WIC appointments. The parent is offered the opportunity to view a DVD called –Baby Care Home Videoll which is part of a 16 topics series related to baby care. Examples include breastfeeding, diapering, cord care, bathing, colic, giving medicine, etc. After viewing DVD client may discuss their concerns and ask questions. HPCE or HPCN obtains additional information such as the family make-up. In concluding the (BOCV) the parent is provided a model release form by the HPCE who requests permission to take baby's picture for our files and upon the mother's approval. In concluding services, the dyad provide information to new parent(s) related to other supports such as the Nurse Home Visiting Program if available within the area to further assist her in her new role as a parent.

| Intervention #2 - Coordinated Prenatal Care Services (CPCS) – Home Outreach Support Services | | |
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| SERVICE COMPONENTS / TARGET NUMBERS | DESCRIPTION | BILLABLE ALLOWANCE |
| Home Outreach Support Services 922 | Extends CPCS provides services to pregnant women in their home or other designated safe environment to ensure access for hard- to-reach pregnant women without access to transportation with particular emphasis to those living in rural communities. Non- medical services are provided by Home Educator or Nurse to monitor pregnant women's prenatal condition throughout pregnancy and provide appropriate referrals, resources and supports. <i>(Refer to CPCS Services listed above)</i> | Minimum 1 session |

Intervention #3 – Coordinated Prenatal Care Services – Satellite Sites (CPCP-SS)

For several years, CTLM has attempted to increase the number of partner service providers particularly in other DCFS regions. A number of faith-based and community providers expressed interest in participating in the LCP, but the initial start-up expenses are cost prohibited. Subsequently, as this funding presents an opportunity for innovative and strategic solutions to expand the LCP services, CTLM propose the piloting of satellite sites. This will allow CTLM to further expand its service delivery efforts of reaching pregnant women most vulnerable for poor prenatal health and birth outcomes utilizing a modified version of the Coordinated Prenatal Care Plan.

Under the auspices of its Baton Rouge pregnancy clinic Care Pregnancy Clinic, CTLM proposes to pilot two new start-up satellite sites, one will be located within DCFS Region 4 (Care Pregnancy Clinic-Gonzales) and the other will be located within DCFS Region 6 (Care Pregnancy Clinic-Moss Bluff/Lake Charles).

As a statewide initiative, the Life Choice Project is continuously seeking to provide a wide range of supports and services to women experiencing a planned or crisis pregnancy, throughout Louisiana which includes information, education and other resources needed to ensure a healthy and full-term delivery. For this reason, the LPC will be working to establish a pregnancy satellite center/clinic in a centrally located rural or marginalized area(s) that do not have a full service pregnancy center/clinic nearby.

The pregnancy satellite center/clinic will be set up to function in the same capacity as a regular operating

pregnancy center/clinic providing services 3-days a week. These satellite clinics will be a fully licensed center/clinic that will be able to provide services to clients such as pregnancy testing, STD testing, childbirth classes, medical consultation, post-abortion counseling services, and health and nutrition classes on a walk-in basis or by appointment. In addition, to other resources typically provided by a full service pregnancy center/clinic such as baby clothes, formula, diapers or other resources to assist pregnant women or those experiencing a crisis pregnancy. One of the main benefactors of establishing a satellite center/clinic is its ability to be more cost effective than a regular pregnancy center/clinic with start-up, overhead fees and full associated with a new clinic and its implementation. However, as pregnancy satellite clinics/centers gain momentum through name recognition, visibility and the services that it provides to both pregnant women and men over time – will enable that particular satellite site to become a full serving pregnancy center provider in that designated community and/or area. The target areas that are in severe need of accessibility to a pregnancy center is the Ascension and Calcasieu parishes to expand outreach efforts.

By having a pregnancy satellite clinics located in these specific areas will enable pregnant and pregnant women in crisis to have access to quality pregnancy services and other resources to assist their needs. Other resourceful benefits of establishing the pregnancy satellite clinics/centers is that these clinics have the ability to be more technology driven with its cliental by making appointments and test results and easier accessible for clients, pregnancy centers and hospitals in the event that a client has to be referred to one of the pregnancy centers or hospital in an emergency situation for follow up or further assessment.

The new sites are targeted to provide a modified version of the primary CPCS services as described above. The proposed deliverables are inclusive of the service targets identified above in the Coordinated Prenatal Care Services. The overall goal reach 500 clients between the two satellite sites through the services as indicated below

| Intervention #3 – <i>Coordinated Prenatal Care Services (CPCS) Satellite Sites</i> | |
|--|--------|
| SERVICE COMPONENTS | TARGET |
| In-take Application Processing | 500 |
| Positive Pregnancy Test Results) | 400 |
| Negative Pregnancy Test Results | 75 |
| Counseling | 300 |
| On-going Care/Monitoring | 300 |
| Referrals | 500 |

Intervention #4. Public Information and Awareness Marketing Campaign –

This strategy though last, is critical in supporting the previously described three CPCS interventions approaches. The Public Information and Awareness Campaign offers a comprehensive health education and messaging strategy utilizing the Life Choice Project branded resources to promote the importance of changing risk behaviors and promoting healthy behavioral during pregnancy. Strategies are utilized that specifically target the millennial population, aged 18 to 29 years old pregnant women or women who think they are pregnant, and pregnant minors who are high risk for poor pregnancy health and birth outcomes. These mediums have been proven most successful at garnering their attention.

| Intervention #4 – Public Information and Awareness Marketing Campaign | |
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| Deliverables | Description of Services |
| TBA Dependent on air time availability | Television and Radio Spots Radio and television commercials targets crisis vulnerable pregnant women. Videos previously developed by the Heidi Group, a professional media production company specializing in targeting crisis vulnerable pregnant women. The videos feature actors representing the target populations of adolescents, young women, and 30+ women all various ethnic groups who may be pregnant. The television spots will air on local network stations and on other key target cable network television stations targeting young pregnant women and pregnant minors. |
| Minimum of 2 billboards annually | Billboard The ‘ <i>Know For Sure</i> ’ billboard campaign displays of a young woman of unknown racial origin. Based on media and marketing research, the billboards will be reflective of how a young woman experiencing crisis pregnancy would most like to see themselves. Partner Service Providers are consulted with to identify appropriate high traffic and high-risk communities for placement. |
| Minimum of 2 coupon drops Approximately 5,000/ drop | Direct Mail A direct mail blitz provides door-to-door awareness and information targeting high-risk communities across the state. The direct mail will replicate the billboard advertisement. |
| 2500 calls/ referrals | Toll-free 800 Phone line The ‘ <i>Know For Sure</i> ’ statewide hotline will be utilized and the number featured on marketing information. The number 1-888-664-7873 is a referral line staffed by employees of Sources for Women/CTLM. The phone line is answered 12 hours daily including nights and weekends. Trained individuals responsible for assessing the caller’s needs, provide information, make referrals, as well as schedule appointments with one of the statewide service providers. The staff responsible for tracking and monitoring the number of calls, types of call, as well as outcome of calls. |
| Minimum of 10,000 | Brochures and Posters Brochures and other printed informational materials promoting the Life Choice Project will be distributed to school-based health centers, schools, physician offices, hospitals, clinics, community centers, social service agencies, and churches throughout the state. |
| Monthly Services | Social Media Sources - Web-site, YouTube, Google Impressions, etc. Development of the -KNOWFOR SURE Website a component of the pregnancy support and services campaign using social media outlets targeting at risk population of low-income pregnant women. |
| One produced Annually | Annual Report Produce and distributed to service providers, clients, collaborating agencies, and other referral sources to highlight and documents the outcome of services provided. |
| Distribution to be determined by subcontractors | Incentives A variety of resources including both purchased and in-kind/donated resources will be utilized to promote the awareness of the Life Choice Project’s services as well as to motivate participants in continuing their services throughout the duration of their pregnancies. Inexpensive promotional items available for all Coordinated Prenatal Care Services (CPCS) service delivery approaches include items such as tote bags, t-shirts, car-seats, strollers, etc. These items will be purchased by the centers and provided to the participants based on the design their incentive program. |

Data Collection and Analysis

The Life Choice Project developed an electronic database management system to standardize the process for gathering and collecting relevant program data from each of the partner service provider sites. The information collected provides various data needed to assess the project’s overall outcomes in terms of the number of clients receiving services, the types of services delivered, frequency of services, disclosures as to whether or not they are vulnerable to considering abortion, and their choice for parenting or adoption.

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Caring to Love Ministries – “The Life Choice Project”

Demographic information is also captured that includes clients' age, race/ethnic group, marital status, and their educational attainment level. Additionally, the system provides information on client's geographical locations including zip code, cities, parishes as well as the DCFS region in which clients reside. of the numbers served and characteristics of their clients.

| Coordinated Prenatal Care Services Data Collection Process | |
|---|---|
| 1. | Identify geographic location (list cities and parishes) |
| 2. | Total number of pregnant women completing pre-eligibility application |
| 3. | Total number of pregnant women approved for CPCS, |
| 4. | Demographics: a. Total number of pregnant women (17 years and under) b. Total number of minority women Race/Ethnicity (African-American; Hispanic; American Indian) |
| 5. | Status of pregnant women enrolled this reporting period: a. Married b. Single, never married c. Divorced d. Widowed |
| 6. | Educational level of enrolled pregnant women: a. Total number of women with advanced education (College/VoTech) b. Total number of women graduated from high school or has a GED c. Total number of women not graduating from high school |
| 7. | Total number of first-time pregnancies |
| 8. | Total number of subsequent pregnancies (at time of enrollment) |
| 9. | Total number of pregnant women considering adoption |
| 10. | Total number of abortion vulnerable pregnant women |
| 11. | Total number of pregnant women enrolled in CPCS this reporting period: a. First visit completed in first trimester b. First visit completer in third trimester c. First visit completed – unknown |
| 12. | Total number of visits completed this reporting period using CPCS pay program source: a. Total number – Intake/Application Process b. Total number – Pregnancy Test c. Total number – Negative Pregnancy Test / Abstinence Counseling/Education d. Total number – Counseling Sessions e. Total number – Health Risk Assessment and Care Plan Development f. Total number - On-going Monitoring and Care (Follow-up) g. Total number – Family Support Services h. Total number – Birth Outcome Confirmation i. Total number of – Home Outreach Support Services |
| 13. | Total number of center-based services this reporting period. |
| 14. | Total number of home-based services this reporting period |
| 15. | Total number of satellite services this reporting period. |
| 16. | Total number of active pregnant women enrolled in PCCS this reporting period. |
| 17. | Total number of pregnant women exiting CPCS this reporting period |
| 18. | Total number of physician referrals |
| 19. | Total number of physician verifications |
| 20. | Total other Services received (non-CPCS) a. Physician b. Other medical services |

| | |
|-----|---|
| 21. | Total types of other services received (non-CPCS); i.e., ultrasound/sonograms |
| 22. | Total number of births |
| 23. | Total full-term births |

Program Monitoring and Quality Assurance

As previously mentioned, an electronic database management system is utilized for the collection of data from each subcontractor. This information is relevant for reporting of information necessary to assess the program's overall outcomes. The partner service providers can utilize the electronic database management system to review and analyze services they provide at any given time. LCP administrative staff utilizes this information to monitor and analyze each partner service providers' trends.

Partner service providers also generate monthly reports that capture specific information related to the goals, objectives of the project along with a copy of the Client Services Assessment Guide formulates a guideline for the delivery of the CPCS center/clinic-based services, CPCS Home Outreach Support Services, CPCS satellite sites services to TANF eligible pregnant women. CPCS Subcontractors are to follow the information as outlined on this form to determine billable allowances for those activities performed. This form is also used to compile and report individual report of services for each client. This report must be completed in its entirety for each client and submitted along with the Request for Reimbursement Form due to the LCP administrative office by the 3rd of the following month of services.

All partner service providers will generate a Request for Reimbursement Form that serves two purposes. First, this form is utilized by Subcontractors for monthly reimbursement request of allowable services. Second, this form is also a tracking tool providing detailed information regarding client demographics, types of services performed and other activities available during the month. This report is completed in its entirety.

The Project Director, Services Coordinator, and the contracted data specialist conduct three levels of billing verifications of all services and activities submitted by each partner service provider for each client. The information is compiled to generate a compilation of service outcomes each month. The project staff including the Quality Assurance Compliance team review information monthly to assess and identify challenges, needs. This information is also used to generate the DCFS/TANF Measures of Success (MOS) monthly report.

A Quality Assurance Policy and Plan that guide the monitoring and evaluation of CPCS partner service providers is *used* by the Quality Assurance Compliance team that outlines a quality care plan for the effective delivery of identified services and its frequency. Subcontractors must also comply with the quality assurance policy that addresses: *standards of care; clinic policies and procedures; client chart review; reporting procedures; and resources, referrals, and informational materials.*

There are two Quality Assurance Compliance Specialists designated to cover the east and west parts of the state. QA Compliance Specialists are trained in performing appropriate procedures to monitoring and assess the partner service providers' adherence to the documentation, reporting, and service delivery format. The QA compliance team conducts monthly on-site assessments of each subcontractor using a checklist that details the expectation and procedures. Random/un-scheduled visits are also conducted on a periodically. For new applicant site, an initial On-site Review is conducted that allows the Quality Assurance Compliance Specialist to assess the agencies' capabilities, location, adequacy of the facilities, resources, and staff's ability to comply with the expectation of the program. After the subcontractor has successfully determined to have met the requirements, a second visit will follow in which the QA Specialist will conduct the New Service Provider Orientation to ensure that the director and staff are trained on the

program's expectations and the procedures that must be followed during the monthly monitoring/audits.

During the first month of operation the Quality Assurance Compliance Specialist will contact the subcontractor to schedule an on-site visit to conduct a comprehensive audit of all records. Once the Quality Assurance Specialist determines that the subcontractor and staff have the appropriate knowledge, understanding and skills to effectively meet the expectations, the QA Specialist will conduct monthly random reviews of 25% - 50% of the client records.

Key Personnel

Caring to Love Ministries (CTLM), the administrator of the Life Choice Program is responsible for the administrative and programmatic oversight of the Life Choice Project's statewide initiative. This includes the management of fiscal, monitoring, and all programmatic activities including data collection, analyzing, and reporting utilizing the on-line data management system to gather information on service delivery, client data, and overall program effectiveness. Through a series of activities that include planning meeting, conference calls, weekly staff and subcontractor meetings, trainings, an annual conference and resource development materials the program is strategically implemented through the collaborative efforts of key project staff, professional technical service providers, and CPCS partner service providers to ensure the effective operation of the Life Choice Project.

The administrative and fiscal management of the program is led by Dorothy Wallis the Project Administrator with the support of LCP staff that includes:

- Marcia Oliver Services Coordinator assists CPCS subcontractors in managing their billing and invoices process.
- Amber Fowler, Administrative Assistant assisting the project administrator in various administrative duties such as maintaining files, prepare for meetings, composition and preparation of correspondence and manage calendars.
- Vickie Davis, Accountant is responsible for managing all accounting systems, budgets, leading the coordination of the partner service provider services verification process and billing.
- Jawonna Guilbeau Home Prenatal Care Nurse (HPCN) responsible for managing the CPCS – Home Outreach Support Program providing direct care to supports pregnant women in their home environments and provides assistance and supports to other CPCS subcontractors in the delivery of similar services in their local communities.
- Vera Crowder, Home Prenatal Care Educator, is a non-clinical person who basically works with the pregnant woman to assess basic needs and coordinate appropriate resources to support mother, baby and her families.

In addition to the project staff, the Life Choice Project is supported by the professional technical consultants whose expertise assists in the effective operation of the project.

- Teresa Ragusa and Jennifer Ham, Quality Assurance Compliance Specialist responsible for conducting on-site monitoring visits to assess partner service provider's compliance with the program's overall goals and expectations.
- Garcia Bodley/Resources for Communities, Performance Improvement Consultant is responsible for the coordination of all aspects performance improvements, quality assessments by providing training, developing protocols/guides and other resources to support the various components of the Life Choice Project.

- Dr. Ra'Quel Shavers, Independent Evaluator Consultant conducts assessments regarding the relevance, efficiency, effectiveness, impact and sustainability of the project.
- Randy Rice & Associates, Public relations/Media consultant coordinates health messaging and education activities to promote awareness and education about healthy behavioral during pregnancy.
- Kathleen Benfield Consultants, Web-based Communications consultant manages the all data base systems for the tracking and reporting of program activities and services.
- Lillie Dunn and Myra Ford, part-time contract data entry specialist responsible for assisting with the review and verification of partner service providers monthly service and invoicing documentations
- John Hogue, Attorney serves as the legal advisor of the project to ensure the compliance with the requirements and policies.

In addition, a Peer Advisory Council comprised of the CPCS leadership meets quarterly to review the program's overall performance, identify issues or concerns, and provide recommendations for service improvements.

Coordination of a Broad Service Delivery Area

Currently there are six partner service providers located in the DCFS Regions 1, 2, 3, 5, and 8 that delivery the Coordinated Prenatal Care Services to TANF eligible low income pregnant women, women who think they are pregnant, their male partners, and pregnant minors whose families' income is below the 200% federal guidelines. One subcontractor in additional providing services in a fully operational pregnancy resource center also provides services via a mobile unit. All sub-contractors are life-affirming providers and their services promote the options of parenting and adoption. No agencies participating in the Life Choice Project refer or perform abortions.

The six partner service providers currently offer the *Coordinated Prenatal Care Services (CPCS)* services through their pregnancy resource centers/clinics and have at least six years of experience working with pregnant women. This network of faith-based pregnancy resource centers/clinics participate as partners in providing the coordinated delivery of supports and services to the target population of pregnant women in crisis. Services are designed to support the local efforts of participating agencies and to provide the resources and supports that enable them to enhance their capacity to effectively meet the needs of their clients. Coordinated Prenatal Care Services Subcontractors include:

- A Pregnancy Center and Clinic, Lafayette, LA
- Access Pregnancy and Referral Center – Metairie, Metairie, LA
- Care Pregnancy Clinic, Baton Rouge, LA
- Women's Center of Lafayette, Lafayette, LA
- Women's Life Ministries, Amite, LA
- Women's Resource Center of Natchitoches

There are three perspective centers in the process of joining the Life Choice Project. One new subcontractor DCFS Region 6 (Lake Charles), two new satellite sites will be created to expand services in DCFS Regions 4 (Thibodaux) and 6 (Lake Charles)

Measurable gains towards proposed outcomes and performance indicator targets

To successfully accomplish the goal of improved birth outcomes of women experiencing unplanned pregnancies, the Life Project proposes implementation of its four interventions of Coordinated Prenatal

Care Services (CPCS) fully operational pregnancy resource centers/clinics, CPCS Home Outreach Support Services, CPCS Satellite Sites, and the Public Information and Awareness Marketing Campaign. This approach is based on a comprehensive and multi-level framework of best/promising practices that address multiple levels of influence. These strategies foster an understanding of the contributory factors and solutions to crisis pregnancy at the individual, interpersonal, neighborhood/ community, and service systems. Under each of the Five Strategic Core objectives, levels of influence and indicators are identified that supports the proposed outcomes of:

- Improved health and well-being of women experiencing unplanned pregnancy
- Increased number of healthy full-term unplanned pregnancies

Project Goal and Objectives

Goal: Improved birth outcomes of women experiencing unplanned pregnancies

| Five Strategic Core Approaches | Objectives | Level of Influence | Indicators |
|--------------------------------|---|---|--|
| Prenatal Care Intervention | Objective 1: To provide care to pregnant women whose prior pregnancy was affected by one of the following: early pre-term, fetal or infant death, adolescent pregnancy, chronic medical conditions. | Individual-focused interventions to provide information about early and on-going prenatal care for at-risk women. | Evidenced: CPCS (center/clinic-based) and CPCS – Home Outreach Services, CPCS Satellite Sites: In- take Process, Pregnancy Verification, Counseling, Health Risk Assessment, Care Plan Development, On-going Care/ Monitoring, Referral, Family Support Services - assist client with physician referral, assist with Medicaid, LA Chip applications and other appropriate services. |
| | Objective 2: Improve access to and utilization of prenatal care interventions for at-risk women, their partners and families. A) Connect at-risk women and families with needed resources and services. B) Ensure follow-up to care plan; C) Assist parents to improve child's health and development by providing healthy parenting practices; D) Assist mothers, their male partners and families to develop a plan for their future, continued education, find employment and become economically self-sufficient. | Individual-focused services to at-risk women, their partner and families to assist with assessment of strengths and challenges evident in the woman, and family, recognize areas where intervention is indicated by developing and implementing a plan that has been jointly developed by all involved. | Evidenced: Intake Process, Health Risk Assessment, Care Plan Development, On-going Follow-up and Referrals |

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| Quality Improvement | Objective 1: To increase screening and referral for several risk factors of poor birth outcome by assisting organizations to implement system changes required to support implementation of standard, evidence-based prenatal care interventions (referral for smoking cessation, nutrition screening and referral, screening for maternal depression and stress, screening and referral for substance use. | Individual-focused prenatal care intervention that provides screening and referral to address risk factors that can impact pregnancy outcomes. Center-based and home- based services of In-take Process, Pregnancy Verification, Counseling, Health Risk Assessment, Care Plan Development, On-going Care/ Monitoring, Referral, Family Support Services (nutritional assessment, social services needs, etc.) | Evidenced: LCP Partner Service Providers will participate in 90% of the required training through monthly conference calls, service components trainings, annual meeting, and other workshops, as measured by sign-in sheets. |
|----------------------------|---|--|---|

| | | | |
|---|---|--|--|
| Health Education & Messaging | Objective 1: To provide multi-level health education and messages aimed at (A) Promoting health behaviors during pregnancy (B) Enhancing interpersonal support for healthy behavior during pregnancy. | Universal mass media campaign messages provide information to universal population statewide. Individual-focused multi-level approach | Evidenced: Know4Sure 800 phone-line, billboards, brochures/flyers, internet, website and advertisement; outreach education services through community health fairs, etc. Evidenced: Health Education (i.e. childbirth and parenting classes, Other core content issues that includes substance abuse, domestic violence, safe-haven, stress/mental health/ depression, breast feeding, Zika Virus education, Influenza Information, abstinence/relationship education), Referrals |
| Outreach | Objective 1: To improve access and utilizations of prenatal care interventions for at-risk women and families. (A) Increase early entry and consistent prenatal care; (B) Identify and connect at risk-women and families to needed resources and services; (C) Ensure clients receive referred services through follow-up activities; (D) Collaborate with community stakeholders to establish and build trust; (E) Increase consumer empowerment and satisfaction with services (F) Increase coordination and collaboration among prenatal care and social service providers. | Individual-focused multi-level approach | Evidence: Referrals, Stakeholder partners |
| social Supports | Objective 1: To protect women and their families against psychological stress during pregnancy by strengthening: (A) The capacity of partners and families to participate in psychological support at the interpersonal level; (B) Care management and service coordination at the system level | Partner and Family Support, Community Support | Evidenced: One-on-one care management, access outreach resources, support groups, one-on-one home visits, male partner involvement. |

Performance Indicators:

Prenatal Care and Outreach

3490 pregnant women living under 200% of the federal poverty line will enroll in prenatal care intervention, measured by monthly reports.

922 home visits outreach will be provided as measured by monthly reports.

Of the pregnant women engaged in the home outreach support services 60% will demonstrate increase in knowledge related to the importance of women's and prenatal health for positive birth outcomes, as measured by pre/post-test results.

Social Supports

Of the pregnant women engaged in support services 25% will demonstrate an increase in knowledge on issues related to prenatal care, breastfeeding, fetal development, child safety, infant care, as measured by pre- and post-tests.

Health Messaging and Education

10,000 resource and education materials pertaining to prenatal care, resources, nutrition, etc. will be developed and disseminated to pregnant women, families, as measure by resource inventory.

2,500 calls for information, referral, and services through the Know4Sure toll-free 800 phone-line

Care Management

Of the pregnant women engaged in the follow-up birth outcome confirmation visit, 35% of report healthy birth outcomes for infant and mother.

Monthly Targets for the Coordinated Prenatal Care Services

Below are projected monthly participants' targets for the three key Life Choice Project interventions; Coordinated Prenatal Care Services, and the CPCS Home Outreach Services and the CPCS- Satellite Sites. CTLM and the other CPCS partner service provider will provide services to TANF eligible target populations of pregnant women, women who think they may be pregnant, pregnant minors, their male partners, and their families. These services reflect a total of 30,232 proposed interventions

| Description of Services | Sept | Oct | Nov | Dec | Jan | Feb | March | April | May | June | Total |
|------------------------------|------|-----|-----|-----|-----|-----|-------|-------|-----|------|-------|
| In-take Application | 340 | 360 | 350 | 350 | 370 | 360 | 350 | 350 | 360 | 300 | 3490 |
| Pregnancy Test | 334 | 345 | 386 | 465 | 470 | 465 | 465 | 465 | 465 | 370 | 4230 |
| Negative Pregnancy Test | 57 | 60 | 75 | 80 | 80 | 75 | 75 | 71 | 70 | 57 | 700 |
| Abstinence Education/Counsel | 57 | 60 | 75 | 80 | 80 | 75 | 75 | 71 | 70 | 57 | 700 |
| Counseling | 270 | 270 | 290 | 350 | 370 | 360 | 350 | 350 | 360 | 280 | 3250 |
| Referral Services #1 | 195 | 205 | 205 | 265 | 275 | 255 | 255 | 255 | 255 | 235 | 2,400 |
| Health Risk Assessment | 210 | 220 | 230 | 285 | 285 | 280 | 280 | 280 | 280 | 250 | 2600 |
| Care Plan Development | 195 | 202 | 227 | 270 | 278 | 265 | 258 | 250 | 250 | 205 | 2400 |
| On-Going Care/Monitoring #1 | 195 | 202 | 227 | 270 | 278 | 265 | 258 | 250 | 250 | 205 | 2400 |
| On-Going Care/Monitoring #2 | 80 | 90 | 100 | 110 | 115 | 115 | 105 | 100 | 105 | 80 | 1000 |
| Referral #2 | 57 | 60 | 75 | 80 | 80 | 75 | 75 | 71 | 70 | 57 | 700 |
| Family Support Services | 400 | 420 | 485 | 485 | 490 | 490 | 490 | 485 | 480 | 425 | 4650 |
| Home Outreach Support | 85 | 87 | 95 | 99 | 99 | 95 | 95 | 99 | 95 | 73 | 922 |
| Birth Outcomes Confirmation | 63 | 70 | 79 | 85 | 90 | 85 | 85 | 85 | 85 | 63 | 790 |

Qualifications of Coordinated Prenatal Care Partner Service Providers

Caring to Love Ministries will serve as both the primary contractor and a subcontractor (Care Pregnancy Clinic) in the delivery of the proposed statewide pregnancy and parenting program. In addition, partnerships with other faith-based and non-profit organizations are utilized as partner service providers to assist in providing direct service to the target populations. Currently we have partnerships with six *Coordinated Prenatal Care Services (CPCS) partner service providers* that offer services through their pregnancy resource centers/clinics and have at least six years of experience working with pregnant women.

All new and former applicants interested in becoming a partner service provider through the Life Choice Project must complete a competitive New Partners Service Providers Request for Application for consideration, review and approval. Annually, each existing partner service provider must complete and submit a Renewal Application. All applicants are screened for eligibility and must meet certain requirements for consideration that include:

- applicant demonstrate proof the organization shares in the mission of promoting the life-affirming options of helping women to preserve the life of their unborn;
- operates as a nonprofit organization;
- operate in good standing with the State of Louisiana; provide at least two references acknowledging the agency's reputation in the local community;
- adherence to program requirements and standards of care;
- agreement not to perform, refer or encourage a woman to have an abortion and ensure other referral agencies do not refer, perform or encourage abortion;
- agree not to supplant existing funding for identical services;
- complete budget summary and narrative to disclose the planned use of the funds;
- agree to disclose existing state and federal funding sources and describe the intended purpose of the state or federal funds;
- identify a plan to expand or enhance services;
- acknowledge a clear understanding and agree that funding will be used to provide the required social services;
- acknowledge that funds will be used to purchase religious materials;
- ensure that religious activities are not allowable under this funding; and
- Religious activities must be clearly separate from the services under this program in terms of either time and/or location.

All subcontractors are required to participate in training that clearly outlines how faith-based agencies provide social services and supports to pregnant women and women who may think they are pregnant that doesn't compromise either their activities or the funding requirements. All materials and resources for distribution to clients are approved in advance to ensure program compliance is met. Upon completion of the application, Caring to Love Ministries' staff will review the application for compliance with the expectations and other eligibility requirements.

All RFAs are rated as either — recommended for approval or –not recommended for approval and submitted to DCFS representation for review and final disposition. While the applications continue to be refined, a sample application for partner service provider is enclosed. Refer to the CPCS Partner Service Providers Request for Application

As part of the Request for Application all expectations in terms of the use of funds is clearly outlined and subcontractors must agree to these conditions by identifying their planned use of the funds and that the funds will not be used to supplant existing funds. Subcontractor must complete a proposed summary of activities for the use of the funds and a budget. This information is reviewed during the assessment of their application to ensure that the subcontractors understand and agree to comply with these expectations.

Once the prospective subcontractor has been determined eligible for participation in the program monthly quality assurance site visits are conducted to assess subcontractor's compliance in terms of the service delivery, recordkeeping, documentations, reporting and other procedures as required. Following the completion of each site visit, the QA staff provides a written summary of findings during the visit, documenting problems and challenges as well as successes. In the event there are problems, the subcontractors will be provided written notification either during the on-site visit or at a later date. Subcontractors are given an opportunity to respond to the findings and as necessary provide a plan of action for correcting the issue(s). Upon successful completion of assessment, QA staff submits the visit findings to the CTLM staff for review and filing. Prior to the release of funds, the subcontractor must submit written verification each month that the funds are used appropriately and that the services are provided as agreed. Refer to Quality Assurance Program

Client Intake and Eligibility Determination

The Life Choice Project complies with TANF regulations as outlined in the Federal Register. The following recipients are eligible to receive services:

- Family independence Temporary Assistance Program
- FITAF;
- Kinship Care Subsidy Program
- KCSP;
- Food Stamps; Medicaid;
- Louisiana Child Health Insurance Program
- LA CHIP; Supplemental Security Income
- SSI; Free or Reduced Lunch; Child Care Assistance Program
- CCAP.

Life Choice Project utilizes standardized procedures for conducting the in-take application processing and client's eligibility determination that ensure consistency among all participating subcontractors. Subcontractors are responsible for interviewing prospective clients to access their eligibility based on residency and income as established by the 2016 TANF regulations.

Individuals considered eligible for the CPCS center/clinic based services, home outreach services service, and satellite services must be pregnant; or think they are pregnant; and meet the income eligibility guidelines. All participants are required to provide documentation of family income level at 200% of the poverty level. The TANF EZ Form will be used to document information. Refer to allowable documentation below.

| | |
|---------------------------------------|---|
| Proof of Income | <ul style="list-style-type: none"> • Clients under the age of 19 can use their parent's income. If parent's income is available or as an option – the student income can be used. • Proof of income must be submitted to verify eligibility. If receiving TANF, submit a check stub, documentation of SSI; or court papers showing child support can be accepted. • Unemployed; if terminated within the past year, evidence of termination, e.g., letter from last employer on letterhead paper with name and telephone number of person to call to verify termination. If receiving unemployment compensation, provide letter or form showing number. • A copy of the most recent filed 1040 tax form and W-2 forms. Social Security number. • If client supported by family member(s), a letter of support may be provided stating the details about the level of support. The letter must include the names and telephone numbers of the relative providing support. |
| Proof of Identification/ Residency | <ul style="list-style-type: none"> • Driver's license • WIC or Food Stamp Card • Free or Reduced Lunch • School Identification • SSI Documentation |

Experience and Capacity of Organization

Life affirming Mission

The Life Choice Project exists to empower women and men to make life affirming decisions regarding pregnancy, as well as the value of abstinence before marriage through counseling, education and other compassion care and services.

Experience providing services to targeted population:

Caring to Love Ministries is a non-profit, 33 year old faith and community-based nonprofit entity located in Baton Rouge, LA. has led local and statewide endeavors while serving over 100,000 pregnant women, particularly those most vulnerable for poor pregnancy health and birth outcomes. CTLM has provided services to women of child-bearing age before, during, immediately after, and between pregnancies. The women we serve are predominately African American and poor (Louisiana has the nation's second-highest poverty rate). They not only suffer from tremendous social challenges including violence, racism, crime, and poor education but also have high rates of drug and alcohol addiction, behavioral health problems, obesity, and often experience sexually transmitted diseases.

Our programs and services continue to address those risk factors that have adverse effects on our target population of TANF eligible low income pregnant women's social, emotional and physical well-being. Through our supportive services such as counseling, prenatal and parenting support groups, free clothing for mother and child, food, referrals and other appropriate services. CTLM also partner with maternity homes, adoption agencies linking our clients to other life affirming entities to support mothers as they choose life for their unborn.

In October, 2002, CTLM created the Life Choice Project. Since its inception, approximately 72,000 babies were born to TANF eligible women. LCP has offered an average of 30,000 life affirming interventions annually through a partnership of life affirming pregnancy resource centers/clinics, and faith and community based organizations working collaboratively to provide information, resources, and services to support pregnant women most vulnerable for poor birth outcomes.

Capacity to plan and implement a sound program

With nearly 13 years of knowledge and experience in operating such an initiative, CTLM's leadership and professional consultant team were recruited by the representatives from Florida, Georgia, and Texas as subject matter experts to assist in the development of similar statewide pregnant and parenting initiative in their respective States.

Caring to Love Ministries has a long history of providing services that fill critical service gaps in our community. This includes partnerships in creating abstinence education programs for adolescents, operating a maternity home for pregnant mothers, and partnering with local adoption agencies, to assist mothers as they choose life for their babies. CTLM's broad range of services, information and resources support the emotional and mental well-being of pregnant women particularly those in crisis.

During its long-term partnership with State agencies, CTLM continued to demonstrate its fiscal integrity through the management and operations of previously funded programs such as Abstinence Education and Teen Pregnancy Prevention. Since the inception of the Life Choice Project in 2002, CTLM has successfully proven its fitness and capacity to effectively create, implement, and administer a statewide life affirming initiative. Each year of operations, CTLM has successfully accomplished and most often exceed its

targeted goals in the delivery of life affirming comprehensive systems of services. The agency remain in compliance with the provisions of the agreed upon deliverables, adhering to established procedures in documentation; monitoring; reporting, and fiscal management in the overall program's administration. Caring to Love Ministries has met all requirements thereby demonstrating the organization's capacity to effectively deliver a program of this magnitude.

Caring to Love Ministries assures the continual and consistent compliance with the State of Louisiana, Department of Children and Family Services' meeting its requirements and directives in regards to the programmatic and fiscal administration of the statewide life affirming project. Should Caring to Love Ministries/Life Choice Project becomes the recipient of the 2016-2017 DCFS' Alternatives to Abortion funding, CTLM agrees to abide by all requirements as established by the Louisiana Department of Children and Family Services, the Office of the Legislative Auditor, Inspector General's Office, Federal Government and/or other such officially designated body the right to inspect and review all books and records pertaining to the services rendered under the Life Choice Project in the event of an award of a contract. CTLM agrees to grant access to the State of Louisiana, through the Department of Children and Family Services, CTLM also agrees to comply with any and all monitoring/evaluation site visits or request for information for the above mentioned entities in a timely manner. In addition, CTLM will ensure that any potential conflicts of roles or responsibilities with other organizations or projects should be resolved.

- CTLM is free of conflicts of interest and will disclose any potential or perceived conflicts of interest should they arise.
- CTLM assures that all information pertaining to the solicitation and recruitment of service providers, subcontractors, and clients are conducted above board and information is disseminated fairly and impartially.
- CTLM will continue to maintain the adequate liability insurance and adopt referral procedures that limit liability risks.

In nearly 13 years operating the Life Choice Project, CTLM has developed, implemented and managed a comprehensive approach that successfully address many of the complex issues that place Louisiana's low-income pregnant women at risk for poor prenatal health and birth outcomes. Throughout this rewarding process, CTLM, along with our statewide collaborative network of partner service providers has increased our knowledge, expanded and enhanced our delivery methodology and strengthen our capacities to effectively and efficiently meet the needs of the population of vulnerable at-risk pregnant women, their partners and families. The infrastructure that we have successfully put in place include the development of key component critical in supporting the implementation, administration and on-going support of such an initiative as demonstrated below.

LIFE CHOICE PROJECT – INFRASTRUCTURE DEVELOPMENT

| | | |
|-------|--|--|
| I. | Development of Alternative to Abortion Project Model and Service Delivery Component | <ol style="list-style-type: none"> 1. Organizational Structure 2. Service Delivery Framework 3. Administrative and Programmatic Oversight Process 4. Goals, Objectives, Outcome Indicators, Measures of Success 5. Staffing Plan - Hiring and Recruitment Process 6. Volunteer Identification, Recruitment and Orientation Process; |
| II. | Development of the Service Provider Component | <ol style="list-style-type: none"> 1. Process for Service Provider Identification & Recruitment 2. Guidelines for Eligibility Requirements 3. Development of RFA 4. Policies and Procedures 5. Selection and Certification 6. Criteria for Site Visit Verification and Orientation 7. Contractual Agreements 8. Continuous Monitoring and Evaluation of Service Providers 9. Program Evaluation Form 10. Training and Technical Assistance |
| III. | Marketing and Outreach Component | <ol style="list-style-type: none"> 1. Development of Marketing Plan to include: media, billboard, direct mail, toll-free hotline, community-based marketing and promotion, 2. Marketing Campaign Evaluation, social media network, |
| IV. | Development of Client Services Component | <ol style="list-style-type: none"> 1. Client Eligibility and Determination Process 2. Guideline for Service Delivery 3. Client Orientation, Enrollment Application, 4. Service Tracking and Reporting 5. Client Feedback, 6. Resources and Incentives |
| V. | Staff Development Component | <ol style="list-style-type: none"> 1. Development of Staff Job Descriptions 2. Staff Identification and Selection 3. Staff Training & Professional Development |
| VI. | Development of Quality Assurance Component | <ol style="list-style-type: none"> 1. Standards and Guidelines 2. Data Collection and Analyzing 3. Auditing Procedures |
| VII. | Outreach Services and Partnership Development | Identification and Collaboration with faith- and community based organizations providing life-affirming support |
| VIII. | Financial Management Component | <ol style="list-style-type: none"> 1. Financial Controls 2. Billing and Reimbursement Process 3. Financial Reporting System 4. Service Provider Billing and Reimbursement Process |
| IX. | Program Management | <ol style="list-style-type: none"> 1. Data Collection 2. Tracking and Reporting Process 3. Development of Home Visiting and Outreach Services 4. Development of CPCS Satellite Site Operations 5. Data Analyzing |

Caring to Love staff development activities include a project overview that provide information on the project's funding sources and mandates that relates to the delivery of the prescribed services. Each staff member is required to read the grant and report on suggestions to assist in the implementation of the program, services and activities.

The initial staff development process is designed to educate staff on the intent and purpose of the funding, all programs, services, and activities, the project's implementation plan, process for service monitoring and method for measuring the project's outcomes. Additionally, all staff members are trained in all aspects of service providers' roles and responsibilities including the client intake process, service documentation, month billing and reimbursement process, the method utilized for the monthly compilation and reporting of all deliverables and how the information is documented on instruments such as the Measure of Success Reports.

CPCS Partner Service Providers are trained and offered on-going technical assistance in the delivery of the coordinated system of care that provides information and resources about pregnancy, parenting, adoption, abstinence and relationship education to help pregnant women continue their pregnancy with ease. Upon completion of the training, each subcontractor adopts and implements either the Coordinated Prenatal Care Service Model that includes eligibility determination; self-administered pregnancy test; pregnancy verification; (individual counseling); health risk assessment; care plan development; on-going care coordination and monitoring; post-partum follow-up and family support group activities. Individual, couple, and family counseling assist clients adjust to their new roles. Other services include community-based partnerships, outreach services and access to maternity homes, adoption agencies and other supportive services.

The Life Choice Project service model is comprised of other on-going supportive services through trainings, resources, and tools to provide the statewide collaborative network of CPCS Partner Service Providers quality trainings and educational experiences enhance their capacities of working with the target populations of low-income women experiencing unplanned pregnancies, partners/spouses, and their families.

IDENTIFICATION, RECRUITMENT, AND SELECTION OF SERVICE PROVIDERS

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| In-service Training | <p>Phase I: Potential service providers are recruited for a half-day In-service Training that offers a brief overview of the prescribed programs, services, and activities offered by the Life Choice Project. It also covers information on applicant's eligibility and the certification process. Participants will receive a copy of the RFA - Request for Application for New Partner Service Providers or a Renewal Application for those existing Partner Service Providers.</p> <p>The RFA is a standard instrument utilized to assess agencies' eligibility for participation in the Life Choice Project. Information required in the RFA includes:</p> <ul style="list-style-type: none"><input type="checkbox"/> Experience working with pregnant women facing unplanned pregnancies;<input type="checkbox"/> Target populations to be served, identifying parish;<input type="checkbox"/> Identification of current funding sources;<input type="checkbox"/> Proposed use of funds; what new or expanded services will be provided. <p>Statement of disclosure that the funds received from the Life Choice Project will not supplant other funding sources;</p> <p>Written disclosure or some other form of proof that the perspective service provider does not refer or perform abortion.</p> |
| | <p>Phase II: Upon approval of RFA, the service provider with the assistance of LCP administrative staff will develop an outreach service plan specific to their communities' needs.</p> |
| | <p>Phase III: A site-visit is scheduled by the Life Choice Project administrative staff to verify existing services, physical location, and ascertain that services are offered to targeted clients.</p> <p>Phase IV: This is the final phase. Once the perspective service provider has reached this level, they must complete all required documentation:</p> <ul style="list-style-type: none"><input type="checkbox"/> LCP – Prenatal Care Coordination Services Contract that details the obligations between the Life Choice Project and the service provider.<input type="checkbox"/> Life Choice Project Assurances & Agreements that details service requirements and monitoring procedures.<input type="checkbox"/> Completion of the W-9 and all other required forms.<input type="checkbox"/> Verification that Subcontractor is in "Good Standing" to contract with the State of Louisiana through the Secretary of State's Office |

CPCS Partner Service Provider Professional Development Series

There is a mandatory policy that all service providers must participate in Service Provider Professional Development Training. Conference participation is optional but available to service providers, staff, volunteers, and other stakeholders.

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| | <p>Session I – Policies & Procedures</p> <p>A half-day session provides a general overview of the Life Choice Project with the introduction of administrative and compliance team staff and their roles and responsibilities. It provides detailed information on the project's goals, objectives, eligibility determination process, demographics and characteristics of the proposed target population. In addition, this session clarifies the role of subcontractors regarding responsibilities and adherence to established policies and procedures.</p> |
| | <p>Session II – Faith-based Workshop</p> <p><i>This session assist ministries understand that they do not have to compromise their religious practices to provide social services activities.</i></p> <p>This half-day session provides information to help clarify faith-based entity role in receiving funds from the state and federal government as stated in the Executive Order of December 12, 2002, entitled <u>Equal Protection of the Law for Faith-based and Community Organizations</u> issued by <u>President George A. Bush</u>.</p> <p>It addresses the appropriate procedures regarding the separation of religious and social services activities. NO FEDERAL FUNDING CAN BE USED FOR RELIGIOUS PURPOSES. In order to provide prescribed services and receive the financial support from the state's TANF funds, it is important that clients understand from the onset that there is a distinct separation between the Life Choice Project services and the faith-based ministry services that are also provided. A power-point presentation and faith-based brochure demonstrates</p> |
| | <p>Session III – LCP Prenatal Care and Coordination Services</p> <p>This one and a half day training session provides in-depth information on the implementation of the Life Choice Project – Prenatal Care and Coordination Services. It covers the three approaches that the service is offered CPCS center/clinic based services, home outreach support services, and the CPCS – SS the new Satellite Sites. Information covers procedures on required service components, health assessments, case management, frequency of services, follow-up procedures.</p> |
| | <p>Session IV – Life Choice Project Billing & Reporting Procedures</p> <p>This half-day session covers the Chart of Services and the Request for Reimbursement Form. This information provides a breakdown of allowable charges and billable limitation for reimbursement from the Life Choice Project – Prenatal Care and Coordination Services to eligible pregnant women. The Request for Reimbursement Form is utilized to provide monthly information regarding service deliverables as well as statistical data for documenting and reporting data, measuring outcomes relating to the clients.</p> |
| | <p>Session V – Life Choice Project Quality Assurance Program</p> <p>This half-day session provides in-depth information on the standards, purpose and subcontractor's required participation in the Life Choice Project Quality Assurance Program. It outlines the procedures for scheduling and performing on-site monitoring of subcontractors.</p> |

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| | <p>Session VI – Outreach, Recruitment & Marketing Plans</p> <p>This session covers the strategies to reach TANF eligible pregnant women most in need of services through several mediums. Billboards, bus signs, direct-mail, radio and television ads and commercials, brochures, flyers, newsletters, posters, toll-free phone hotline, and presentations all comprise strategies to identify perspective client.</p> <p>Service Providers are required to develop an Outreach Plan that identifies two methods that will be used to reach clients in their communities. Strategies should include outreach activities such as health and or community fair.</p> <p>Community Resource for Outreach and Referral Directory, each subcontractor is responsible for identifying local and state information, and referral services to assist in their service to pregnant women facing unplanned pregnancies.</p> |
|--|--|

| CONFERENCES AND OTHER WORKSHOPS | |
|--|--|
| <p>Annual LCP Conference workshops are provided to expand the service provider knowledge of issues that directly affect pregnant women facing unplanned pregnancies.</p> | <ul style="list-style-type: none"> ▪ Training in crisis pregnancy center management and legal issues presented by NIFLA (National Institute for Family Life Advocates). This session help centers identify their vulnerability regarding their services to target population and how to effectively plan and manage their organizations; and ▪ Training addressed adoption issues and policies. This session help center directors gain valuable information and resources to aid them in their counseling for adoption and parenting issues. ▪ Issues affecting pregnant women educate center directors, staff, and volunteers about sexual abuse and child abuse issues; existing adoption services; role-playing; technical assistance, and networking to share ideas and experiences. <p>Examples of previous conference presentations</p> <ul style="list-style-type: none"> • Maturity Homes Care - Anne Pierson • Mandatory Reporting - John Hogue, Attorney • Non-Profit Capacity- building - Garcia Bodley • Quality Assurance - Jennifer Ham • Reaching the Millennium Generation- Patrice Lewis • Relationship Education Part 1 and Part 2 - Deborah Clayton • Recruiting Volunteers - Jennifer Ham • Recruiting Volunteers on College Campus - Kathleen Richard • Recruiting Teen Volunteers - Becky Stewart • Sarbanes Oxley Act. Non-Profit Best Practices - Beth Chase • Sex Trafficking - Cindy Collins • Serving the Abortion Minded Client - Dorothy Wallis • Stress Management - Garcia Bodley • Teaching with Compassion - Kathleen Richard • Understanding the Needs of an Abortion Minded Client - Ashley Milken • Program Recognition and celebration the program successful outcomes |

Facilities, equipment, community partnerships or other relevant information

Caring to Love Ministries has both an administrative office and a clinic operation. The administrative office houses the administrative staff responsible for the management of the Life Choice Project. The administrative operations are housed on the first floor of the 9,000 square foot main office of Caring to Love Ministries' 3813 North Flannery Road, Baton Rouge, LA. This facility adequately accommodates the needs of the program staff to perform their duties. The facility offers a reception area, private restroom, six offices, a conference room, kitchen, and the 2nd floor of the facility is used as a storage area for the retention of all partner service providers' clients records and other program related materials. There are sufficient amounts of desks, chairs, laptop and desktop computers, printers, copiers and other resources need to effectively and efficiently run the program.

Care Pregnancy Clinic is the physical location for CTLM's clinic that services as one of the partner

service providers and offers the Coordinated Prenatal Care Services. The facility has all the resources needed to adequately meet the needs of staff and clients. There's a waiting area, offices, counseling room for sonograms, kitchen area, and private restrooms for staff and clients use. The clinic is equipped with desks, chairs, laptop and desktop computers, printers, copiers and other resources need to operate.

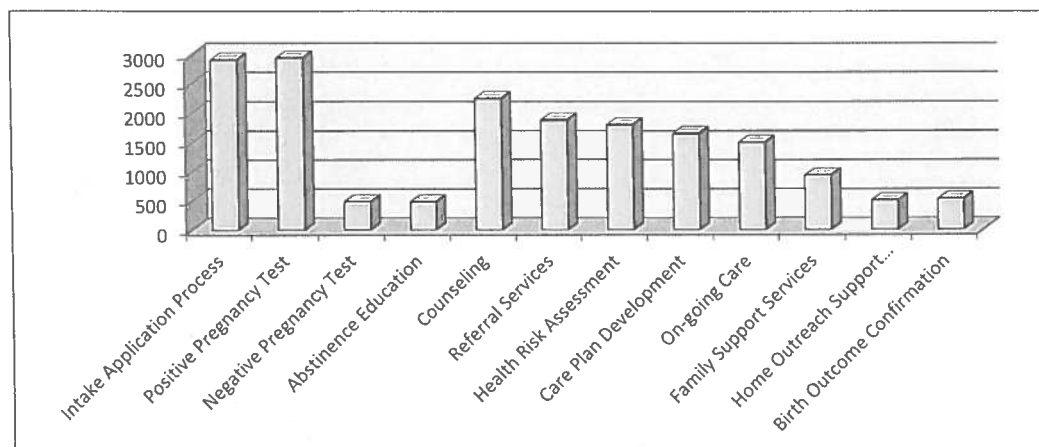
The CPCS subcontractors operate their programs in local rural, suburban and urban communities throughout the state. One of the requirements for participating in the LCP is that the centers/clinics facilities are adequate to meet the service delivery model needs. Generally, the facilities are office settings with rooms for the staff, a reception area, private counseling rooms and a multi-purpose/ conference room is available at most centers. Centers offering sonograms have separate resource rooms or private medical rooms to perform sonograms. The Access Pregnancy Center also offers a mobile unit to provide services within DCFS' Region 1.

Documentation of Program's Success

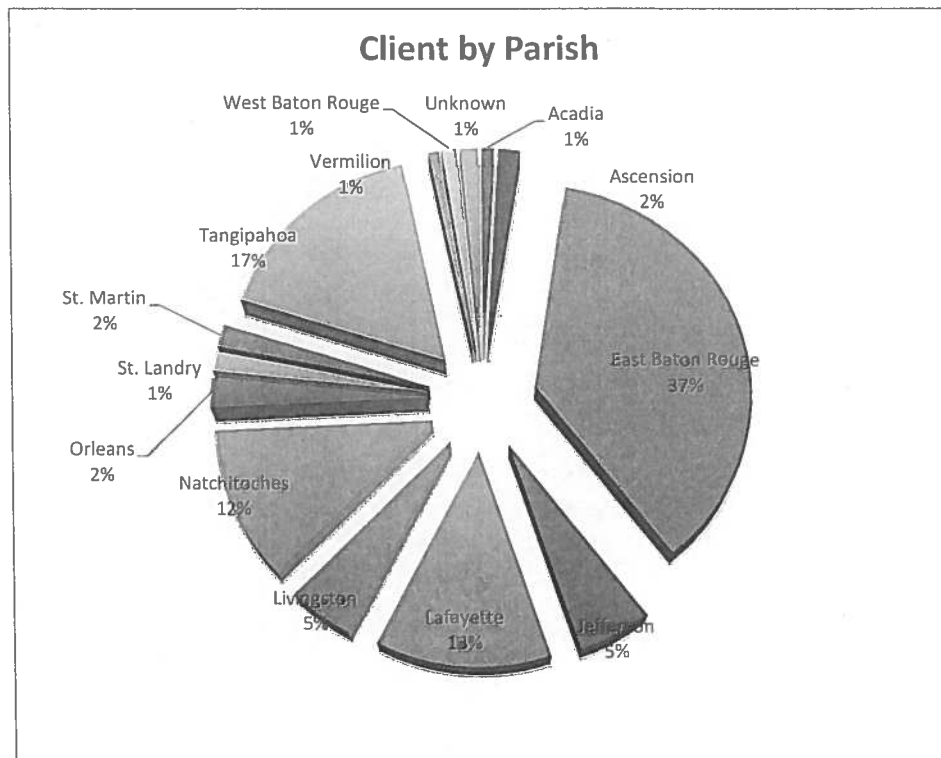
During July 1, 2015 to June 30, 2016, Caring to Love Ministries together with our Life Choice Project's partner agencies successfully served over **3,492** abortion-vulnerable, TANF eligible pregnant women. Through the two service delivery models of center/clinic based Coordinated Prenatal Care Services and CPCS- Home Outreach Support Services (CPCS – HOSS), we've offered 12 optional service components to pregnant women, women who thought they were pregnant. We've successfully delivered **17,886** interventions, exceeding our targeted goal in each service component.

The Coordinated Prenatal Care Services (CPCS) utilized in clinics and home outreach offer pregnant women and their families support and encourage their active participation throughout their pregnancy for their health and that of their unborn child. While we projected to serve **2,916** women we served **3,492** women, nearly 20% above our projections. Approximately 20% of these women who thought they were pregnant actually had negative pregnancy tests results.

The following shows each of the service components and the performance outcomes respectively.

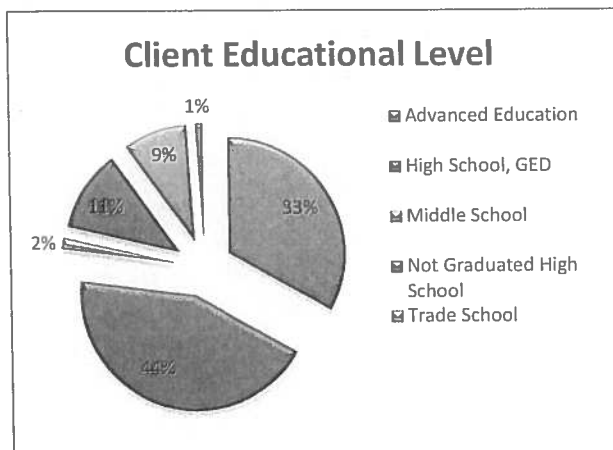


The Coordinated Prenatal Care Services (CPCS) and the CPCS Home Outreach Support Services offered 12 Life Choice Project's service components to 3,492 pregnant women and those women who thought they were pregnant. The reduction in services provided is directly related to the reduction of funds received in FY15-16 as compared to the previous years. Services were provided to women living in communities across the state. Caring to Love Ministries provided services in 45 of our 64 parishes, which crossed all regions. The chart only reflects 13 parishes plus the unknown group. The remaining 32 parishes where clients were served makes up less than 1% of the total population served. As such, those parishes were excluded from the chart.



The largest percentage of our participants reside in East Baton Rouge parish at 35%, following Tangipahoa at 16%, Lafayette at 12%, and Natchitoches at 11%. Five percent (5%) of our participants reside in both Livingston and Jefferson parishes respectively, while 2% reside in Orleans, Ascension, and St. Martin parishes. Sixteen percent (16%) of our participants reside in the remaining 35 parishes, representing 1% or less of the total number of participants served in each of those parishes. One percent (1%) of the participant residences was unknown.

Demographics data on race and ethnicity show that 62 % of the population served were African Americans, 30% were Caucasian, and 4% were Hispanic. The majority or 2099 of the pregnant women receiving our services were young women often referred to as the millennial generation between the ages of 19 and 26, 1117 were women 27 years and older being the next population, 249 were 18 years old or younger and 27 were unknown.



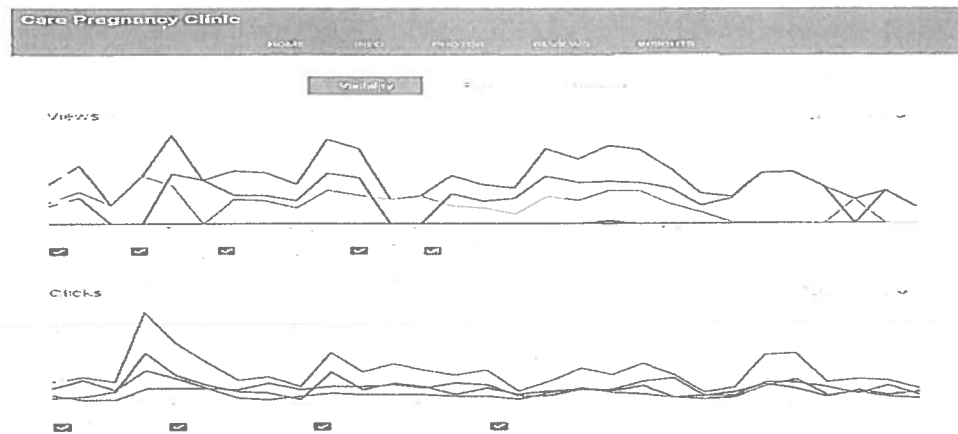
Data indicates that 77% of the pregnant women initiated prenatal services within the 1st trimester; 15% were within the 2nd trimester; 6% were within the 3rd trimester and 2% were unknown. Other data indicates that in terms of their marital status, 75% of the women receiving services were single/never married; 14% were married; 3% were divorced; and 6% unknown. Our data also indicates that 33% of the women had advanced education (above high school education); 44% were high school/GED graduates; 11% did not

complete high school; and 1% was unknown.

Public Information and Awareness Campaigns

Google dashboard impressions tracks inquiries made to the Life Choice Project's website and other associated website links. Over **53,000** impressions – the number of times users saw our listings during the last 30 days were total views, **5,830** searched the website for pregnancy-related information, **4,729** searches for the website was made on the google page, **29** post were made related to social media, total clicks **524** were made on the site, **97** received directions,

GOOGLE REPORTS JULY CARE PREGNANCY CLINIC BATON ROUGE LA



Partnerships and/or collaborations with other entities within the community

The Life Choice Project statewide network of pregnancy resource center/clinics partners promotes an invaluable opportunity to work along colleagues that collectively have over seventy years of experience providing services to our target population of TANF eligible low income pregnant women and pregnant minors. In addition, through our partnership with community organizations like the Baton Rouge Collaborative on Improving Pregnancy Outcomes and Woman's Hospital, Caring to Love Ministries network and share best practices addressing issues on social determinants of birth outcomes that can impact pregnant women's health and subsequently their pregnancies.

Other partnerships that supports our efforts includes volunteer physicians, registered and/or licensed nurses, physician assistants, social workers, nutritionist, licensed counselors, and other health care providers. CTLM and the other partner service providers also collaborate with various religious sectors in our communities throughout the state. These efforts not on provide contributions of material items to support women and their families (see below - estimated at over \$32,000 of in-kind contributions) they also assist with our recruitment efforts in identifying pregnant women who would benefit for the services we provide. .

| Organization | Items | Value |
|-------------------------------------|---|-------------|
| Threads of Love | Crotched Baby Blankets | \$ 2,100.00 |
| Park Forest Baptist | Diapers and Baby Food | \$ 150.00 |
| | Baby Caps | \$ 75.00 |
| Central Bible Church | Baby Clothes | \$ 1,000.00 |
| Becky Soileau | Baby Clothes and Bed Clothes | \$ 200.00 |
| | Baby Clothes, Girls Clothes | \$ 100.00 |
| Cross Point Baptist Church | Diapers, Wipes, Clothes, Onesies, Baby Toiletries | \$ 350.00 |
| The James Family | Bibs, Diapers, Bottles, Toys | \$ 150.00 |
| Baton Rouge Wiring | Baby Items | \$ 1,500.00 |
| Central Early Learning Center | Baby Items | \$ 400.00 |
| Ashley Fletcher Giangrosso | Baby Equipment, Clothes, and Items | \$ 500.00 |
| Cindy Dietrich | Baby Items | \$ 75.00 |
| Casetha Tezeno | Baby Clothes | \$ 2,500.00 |
| Bill Smith | Children's Books | \$ 240.00 |
| Dr. Hedges | Baby Bed | \$ 100.00 |
| First Baptist in Clinton | Baby Clothes, Formula, Items | \$ 1,250.00 |
| Lizzy Allain | Baby Clothes, Items | \$ 300.00 |
| Healing Place Church | Car Seat | \$ 60.00 |
| Cathy Ciaccio | Baby Items, Equipment | \$ 70.00 |
| King David | Baby Formula, Equipment, Clothes | \$ 900.00 |
| Crafing for a Cause - Pride Library | Baby Blankets, Diapers | \$ 800.00 |
| Grace Baptist Church | Baby items | \$ 40.00 |
| Progression Church | Baby Formula, Items, Clothes | \$ 1,500.00 |

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|--------------------------------------|---|-------------|
| I Heart | Teethers, rattles, Bottles, Tub Toys, Pacifiers, Spill Proof Cups, Shirts | \$ 3,984.00 |
| Jennifer Wakefield | Maternity Clothes, Baby Clothes | \$ 500.00 |
| Jerry Sumrall | Baby Equipment, Clothes, and Items | \$ 200.00 |
| Angela Neames | Baby Clothes | \$ 800.00 |
| Bill Crawford | Baby Clothes | \$ 150.00 |
| Tina Wiker | Baby and Maturity Clothes | \$ 331.00 |
| Tina Wiker | Baby and Maturity Clothes | \$ 1,671.00 |
| Eve Pearson | Baby Food | \$ 286.00 |
| St Thomas Moore | Baby Formula and Items | \$ 200.00 |
| Victory Academy | Baby Clothes, Diapers, Toiletries, Formula, Wipes | \$ 1,500.00 |
| Confie Insurance Group Holdings, Inc | Crib Mattress, Booster Seat, Bedding | \$ 15.00 |
| Best Childcare | Baby Items and Food | \$ 100.00 |
| Lyna Buckley | Baby Toys | \$ 10.00 |
| Madeline Ellis | Baby Items | \$ 200.00 |
| Confie Insurance Group Holdings, Inc | Toys, Baby Items, Girl's Clothes | \$ 40.00 |
| Sondra Johnson | Clothes, Bounce Seat, Tub, Blankets, Belts, Bottle Warmer, Slippers, Purses | \$ 200.00 |
| Brittany hopkins | Breastmilk, Boppy, Onesies, Maternity Clothes, Formula, Breast Pads | \$ 150.00 |
| Scott Gasoard | Diapers, Wipes, Clothes, Toys | \$ 300.00 |
| Amanda Evans | Baby Clothes, Socks, Shoes, Hats, Onsies | \$ 300.00 |
| Brittany Mizell | Baby Clothes and Items | \$ 100.00 |
| Confie Insurance Group Holdings, Inc | Toddler socks, diaper pail with bags | \$ 15.00 |
| Hollie Garner | Baby Items | \$ 30.00 |
| Allison Price | Baby Items | \$ 100.00 |
| Krystle Hayes | Baby Items | \$ 150.00 |
| Dimai Mancill | Baby Food and Items | \$ 60.00 |
| Confie Insurance Group Holdings, Inc | Booster Seat, Girls's clothes, Baby Items | \$ 20.00 |
| Holy Family Home Schoolers | Diapers, Baby Items, and Clothes | \$ 553.00 |
| St. Jean Vianney Church | Baby Food | \$ 200.00 |
| St. Jean Vianney Church | Baby Food | \$ 100.00 |
| Confie Insurance Group Holdings, Inc | Infant and Toddler Items, Girls Clothes, Changing Pad | \$ 30.00 |
| Crystal Hall | Baby Equipment | \$ 50.00 |
| Courtney Devall | Maturity Clothes | \$ 200.00 |
| Fellowship baptist Church | Baby Clothes and Items | \$ 705.00 |
| Robyn Zartman | Baby Items | \$ 350.00 |
| Katie Miller | Baby Items, Food | \$ 90.00 |
| Donald Shipp | Baby Items | \$ 100.00 |
| Tiffany Berry | Baby Equipment | \$ 30.00 |
| Megan Malady | Diapers | \$ 70.00 |
| Robyn Zartman | Baby Equipment | \$ 150.00 |
| Littlest Angels Threads of Love | Blankets, Bibs, Hats, Dolls | \$ 300.00 |

Grand Total \$ 32,772.00

East Baton Rouge Parish Schools and other community-based services organization partner to provide short term and long term educational and occupational opportunities to our clients. These resources and supports build on our capacity to effectively meet the needs of our clients. (Refer to Letters of Support).

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Staff Qualifications

Administrative and program staff credentials

Caring to Love Ministries (CTLM) has the administrative, fiscal and program management skills and human resources to meet the staffing patterns necessary to effectively administer and implement the Life Choice Project. Staff selection is based on proven abilities and level of expertise in specific areas. Experience working with pregnant women particularly minority women, adolescents, younger women, and low-income women is required of direct service staff members. The project staff has been involved in the Life Choice Project for an average of three years and expertise includes organizational and administrative management, program planning and development, operation management, fiscal management, counseling, quality assurance, social work, and clerical support.

Ms. Dorothy Wallis, founder, serves as the Chief Executive Officer of Caring to Love Ministries and Care Pregnancy Clinic. CTLM is governed by a volunteer board of directors responsible for setting the organization's strategic direction. The Board functions include the review and evaluation of the agency's financial status, review of the agency's operations and programs, and the formulation of long range goals. Refer to Appendices: CTLM Board of Directors.

The Life Choice Project operates under successfully operated under the leadership of Dorothy Wallis, Project Director since its inception.

Dorothy Wallis has an extensive resume of providing life affirming women's health services since 1980 and found the Care Pregnancy Clinic of Baton Rouge, LA two years later. Since that time, she has developed and assisted in the establishment of Pregnancy Resource Centers and Clinics in Baton Rouge, Hammond, Lafayette, Morgan City, Alexandria, Natchitoches, and Rock Hill South Carolina. She consults pregnancy testing centers in adding ultra-sound and medical services to Pregnancy Clinics throughout the State of Louisiana as well nationally. Since its inception the Care Pregnancy Clinic has served over 100,000 women and insured healthy delivery.

In 1986, Mrs. Wallace began the groundwork for Mom's House, called House of Hope, an aftercare facility for mothers and their babies. In June 1987, House of Hope was officially opened. It became a launching pad for single mothers to become self-sufficient through education and occupational training. In 1987, she began writing and printing pregnancy help center policy and procedure infrastructure manuals for directors and volunteers. These manuals have been sold throughout the United States, Canada and internationally to help centers stay in compliance with Best Business Practices. In 1998, she began hosting national and state conferences for pregnancy center directors on Post Abortion Counseling for men and women suffering from Post Abortion Trauma Disorder. Additional subjects are Counseling College Students, Cultural Behavior De- Stress your Life, Law, Legal Issues Statutory Rape Mandatory Reporting just to name a few.

In April 1989, Dorothy began hosting -Life Radioll, which to present date, airs daily on four local radio stations. It is heard in Louisiana, Hattiesburg Mississippi, Mobile Alabama, South Arkansas and East Texas. In 1990, she authored the how to manual -Converting your Counseling Center into a Medical Clinicll. In 1990, she founded the first Life Affirming Medical Clinic in the Nation. In May of 1990, Dorothy became the Chairperson of Governor Roemer's Commission on the Louisiana Adolescent Pregnancy Commission.

Nationally in 1991, she was a founding Board Member of the National Institute of Family and Life Advocates (NIFLA) based in Virginia, and consulted to approximately 2500 pregnancy help centers and clinics. She is the original author to introduce Ultrasound to Crisis Pregnancy Centers around the Nation and abroad.

In the summer of 1996, Governor Mike Foster appointed her Chairperson over a committee to oversee the -school-based clinics. The committee, -School-Based Health Clinic Task Force was mandated to insure that the clinics adhere to the law and provide comprehensive healthcare for the students. In the spring of 1999, Governor Mike Foster appointed her to the Marriage and Family Commission. She has served on the commission since its inception.

In 2001 she earned a Master's Degree in Marriage and Family Counseling from AUI in Waxahachie, Texas. As a National Conference Speaker she teaches on topics ranging from Fundamentals of Establishing your Medical Clinic, Medical Clinic Best Practices, Fund-Raising, How to Survive an Audit, and Life Affirming Comprehensive Women's Health.

In the winter of 2008, Governor Bobby Jindal appointed her to the Marriage and Family Commission. In 2010, she became one of the founding board members of a new organization, CRHS (pronounced Chris), Commission on Reproductive Health Services. A voice to give young girls and women the freedom to have their babies.

Other key administrative staff:

Amber Fowler, Administrative Assistant, has been employed since May, 2016 with Life Choice Project. She is responsible for a full range of clerical/secretarial meeting support. Amber's duties include but not limited to composition and preparation of correspondence, prepare and maintain program procedures, and manage calendars. She also attends project meetings and prepares meeting minutes and action items.

Marcia Oliver, Services Coordinator has been employed with the Life Choice Project since March, 2003. She's held many roles and responsibilities over the years and currently responsible for the coordinating the day-to-day operations and overseeing the administrative staff. She serves as the liaison between the subcontractors and consultants. Marcia assists in the monitoring of the services and activities to ensure that everything is operating smoothly. Marcia also oversees the monthly billing compilation reports from subcontractors and confirms the verification of services. Marcia is also has experience with performing and conducting training for the Quality Assurance process

Vickie Davis - Fiscal Director, services are provided in-kind by Caring to Love Ministries. She is responsible data entry, AP and AR, payroll, grant report entry, and creating organizational and program budgets, in collaboration with the Program Administrator. Her primary responsibility is ensuring organizational effectiveness by providing leadership for the organization's financial functions.

Vera Crowder has been employed with the Life Choice Project as the Home Prenatal Education Coordinator since 2008. Lynn follows-up on home visit services and conducts visits with clients to provide information about program services. Lynn engages clients and their family members in participating in the program.

Jawonna Guilbeau, Home Prenatal Care Nurse's main role is providing lead care in prenatal health and supportive services through education, referrals, and counseling. She ensures the client participates in the development and implementation of her prenatal care plan. She also maintains contact with the family, to facilitate family involvement with the client's progress.

Mrs. Garcia Bodley, *Performance Improvement consultant*, an original employee of the Life Choice Project in 2002 she is credited as the architect of the model Life Choice Project. Previously she held the position of Quality Assurance Coordinator and developed the Subcontractor's Implementation Guide and Training Manual and the three-series the Quality Assurance Monitoring Standards, Guidebook and Audit Checklist ion Guideline & Training Manual to facilitate the consistent training of all subcontractors on the program's standards, processes and instrument. She has over 30 years of in the field of program development and planning. She's been employed with the Louisiana Department of Health, Office of Behavioral Health for 12 years as the Emergency Preparedness Operations Director. Previously, employed with the YWCA of Greater Baton Rouge for 12 years, she served as the Director of Family & Youth Services developing and managing programs in adult and child education, human

services, early childhood education, parenting education, health care, abstinence education and other children and family issues.

Jennifer Ham, *Quality Assurance Compliance Specialist* has been employed with the Life Choice Project for 7 years. Jennifer is responsible for conducting the Quality Assurance Compliance Specialist in the northern and southwestern regions of the state. Jennifer has been involved with the Life Choice Project for more than six years, initially as a CPCS subcontractor and outreach subcontractor. Jennifer now utilizes her expertise in managing a clinic to assist CPCS partner service providers' success in their delivery of service.

Teresa Ragusa, *Quality Assurance Compliance Specialist* has been employed with the Life Choice Project for 6 years and is responsible for conducting monthly quality assurance in the southeast and central regions of the state. Teresa has been involved with the Life Choice Project for the past four years, both and also has experience as a CPCS subcontractor.

Dr. Ra'Quel Shavers, Independent Evaluator consultant conducts assessments regarding the relevance, efficiency, effectiveness, impact and sustainability of the project.

Randy Rice & Associates, Public relations/Media consultant coordinates health messaging and education activities to promote awareness and education about healthy behavioral during pregnancy.

Kathleen Benfield Consultants, Web-based Communications consultant manages the all database systems for the tracking and reporting of program activities and services

John Hogue, Attorney serves as the legal advisor of the project to ensure the compliance with the requirements and policies.

Life Choice Project Job Descriptions

Project Administrator

PURPOSE: The Project Administrator has the responsibility for the implementation and management of the Life Choice Project's administrative, programmatic and fiscal operations as approved by the Board policies and procedures to meet the organization's life affirming mission and operations.

- Advance the organization's life affirming mission and core values
- Direct the development of the organization and programmatic goals through strategic planning
- Provide leadership and direction for all related programs and services
- Oversee project activities consistent with the overall goals and objectives
- Prepare an operating budget, which estimate various expenditures and monitor and report on the status of the budget on a monthly or annual basis.
- Review all project expenditures.
- Recruit, interview, select, orient, and supervise professional and staff members
- Manage the workflow by reviewing staff performance through period performance and salary review and revising the operating procedures as needed.
- Communicate to the executive board the financial status and other operating conditions of related programs and services for the purpose of improving organization performance.

Accountant (Consultant)

PURPOSE: The Accountant Consultant is responsible for data entry, accounts payable, payroll, grant report entry, helping and creating program budgets in collaboration with the Project Administrator, Services Coordinator and the Performance Improvement Consultant. This position reports directly to the Project Administrator and serves as a member of the Project's Management Team along with the Project Administrator, Services Coordinator and the Performance Improvement Consultant. This position's primary responsibility is ensuring organizational effectiveness by providing leadership for the organization's financial functions.

- Oversee overall financial management, planning, systems and controls and ensure maintenance of effective internal controls to assure safeguarding of assets and reliability of financial statements.
- Prepares monthly financial statements and ensures their accuracy and timeliness.
- Ensures compliance with any and all financial and contract reporting requirements for private or public funding.
- Attends regular meetings with Project Administrator, Services Coordinator and Performance Improvement Consultant for fiscal planning issues.
- Reviews all receipts and disbursements, ascertains correct account distribution and ensuring all support documentation is accurate and in order.

- Managing day to day processing of accounts receivable and payable using QuickBooks, producing reports as requested.
- Managing grantor and CPCS subcontractors' reimbursement requests.
- Ensure that Accounting Department requests are resolved and communicated in a timely manner to internal and external parties.
- Submits invoices to funding sources, including calculation of completed units of service.
- Reconciling monthly activity, generating year-end reports, and fulfilling tax related requirements. Payroll management, including tabulation of accrued employee benefits.
- Disbursement of checks for agency expenses.

Service Coordinator

PURPOSE: To provide the day-to-day needs of the project's CPCS subcontractors' program sites. Provide ongoing operational support and technical assistance to CPCS subcontractors in assessing and reviewing subcontractors' invoicing and payment records. Provide logistical support for events and training.

- Monitor's CPCS activities to ensure consistency with the overall goals and objectives
- Monitor project's key deliverables and milestones related to subcontractors' service deliverables.
- Provide ongoing contact with subcontractors to ensure satisfaction with assigned resources and project's progress.
- Plan and coordinate activities and speakers for meetings, conferences, trainings and other project-related events.
- Resolve coding and billing errors with service providers/subcontractors.
- Assist in developing policies and procedures relevant to the implementation of the QA Program.
- Oversees Quality Assurance Monitoring of CPCS subcontractors through analysis and observation, project reports and activities (including subcontractors' activities) to identify trends, successful practices, achievement of goals and objectives and areas needing improvement.
- Review audits of CPCS subcontractors' monthly invoices and make appropriate corrections.
- Assist with the preparation of monthly service billings to ensure timely submission for reimbursement.
- Respond to CPCS subcontractors' inquiries regarding billing errors, coding and chart documentation.

Administrative Assistant (Clerical Support Specialist)

PURPOSE: Reports to the Project Administrator and is responsible for assist with the CPCS subcontractors activities providing support, supplies, and other resources. Other duties include purchasing supplies, filing, maintain CPCS subcontractors, files and client records and telephone duties.

- Coordinate and complete activities related to the program
- Dissemination of program information to CPCS subcontractors
- Assist with the monitoring the achievement of project activities on behalf of the services coordinator.
- Maintain information on project deliverables
- Gather and input data into database.
- Assist with arranging logistics for meetings, conferences, trainings and other project-related events.
- Prepares the necessary materials include reports, presentations and agendas.

Home Prenatal Care Nurse

PURPOSE: Serves as the lead care provider in the home-based prenatal health care education and supportive services through education, referral, and counseling.

- Ensure that services are culturally relevant to the diverse population being served
- Ensure the client has been oriented to the LCP Home Outreach Support Services.
- Ensure the client participates in the development and implementation of her prenatal care plan.
- Ensure the patient is receiving individualized care to best meet his/her needs.
- Facilitate involvement of appropriate project team members, timely completion of assessments and reports.
- Maintain contact with the family, to facilitate family involvement and apprise the family of client's progress as deemed necessary.
- Completes and submit reports regarding client's initial assessment, expected outcome, and recommended plan of care
- Develop and implement client prenatal care plans or other care needs as appropriate.
- Leads the planning, evaluation, and revision of the program.

Home Prenatal Care Educator

PURPOSE: Serves as the lead care provider in the home-based prenatal health care education and supportive services through education, referral, and counseling.

- Assist the Home Prenatal Care Nurse and serves as client's advocate

- Assist and helping to orient client to the LCP Home Outreach Support Services.
- Assist the Home Prenatal Care Nurse in ensuring that the client participates in the development and implementation of her prenatal care plan.
- Ensure the patient is receiving individualized care to best meet his/her needs.
- Coordinates linkage to community resources and providers to support the client and family members.
- Maintain contact with the family, to facilitate family involvement and apprise the family of client's progress as deemed necessary.
- Prepares forms, resources and other information to be used during home visit.
- Support the Home Prenatal Care Nurse in the development and implementation of client education and programs.
- Conducts scheduling for client visits.
- Collects foods, clothing and other resources specific with the client and family's needs to provide during home visits.

Quality Assurance Specialists

PURPOSE: The Quality Assurance Specialist, under the direction of the Project Administrator, promotes quality achievement and performance improvement. Communicate directly with subcontractors and project staff in identifying trends, analyzing data and assuring accuracy and consistency of all reports.

- Completes monthly monitoring, assessment and reporting to communicate trends, findings and make recommendations as appropriate relevant to the QA Program's outcomes.
- Serves as integral member of the project team, providing input based on knowledge of project activities and outcomes for continuous quality improvement and effective quality control processes.
- Demonstrates continuous effort to improve operations, working collaboratively with project team for quality seamless, customer service.
- Compiles appropriate data needed for Quality Assurance Program reporting for the monthly Measures of Success Report.
- Assist in assessing the verification and accuracy of subcontractor's monthly reimbursement request documentation to ensure adherence to the established procedures.
- Coordinate the development of information and other resources to the service subcontractors within the scope of the Quality Assurance Program.
- Assist in the development of assessment tools, reports, and data collections resources for Quality Assurance Program.
- Ensures systems used in QA are properly maintained (e.g., QA audit records, training records)
- Evaluates responses to inspection reports and performs follow-up with respondents, management, or others, if needed, to ensure resolution.
- Notifies management of quality/compliance trends and service failures.
- Evaluates new subcontractor prior to site final approval and works with prospective sites to ensure timely implementation and effectiveness of corrective actions.

Performance Improvement (Consultant)

PURPOSE: The Performance Improvement Consultant provides quality management and performance improvement expertise in the measurement, assessment and improvement of quality and safety for LPC's project staff, clients and subcontractors. Provides support to the multidisciplinary project teams.

- Information and Analysis: (data collection, aggregation, analysis and communication)
- Provides ongoing data collection for the measurement, assessment and improvement of core measures necessary to ensure communication and reporting of performance improvement and quality control activities.
- Contributes to the development and production of the programmatic reports.
- Provides ongoing consulting services throughout the program areas including, but not limited to, prioritization, facilitation and communication of performance improvement, and client care and support.
- Promotes compliance through survey readiness activities, including tracers, and field audits.
- Develop action plans for training project staff and subcontractors on prevention and community based interventions.
- Conducts ongoing education and training to staff and CPCS subcontractors as needed

Other Technical Professional Consultants

- **Public Relations/Media Consultant** coordinates health messaging and education activities to promote awareness and education about healthy behavior during pregnancy.
- **Web-based Communications Consultant** manages software applications and data base systems to the track and generate reports of the program's activities and services.
- **Computer Services** provides regular maintenance and upkeep of computer systems to ensure that subcontractors have continuous access to online database and other associated services.

Please refer to Attachment: Job Descriptions and Resumes

Service Delivery Area

The Need for Prenatal Care

To ensure that babies are born healthy – it is vitally important that prenatal care is an essential element of pregnant and expecting mothers. In addition, it is also important that prenatal care is recognized as a critical part in providing medical, nutritional and educational interventions to reduce the risk of adverse pregnancy outcomes and to identify women at high risk for these outcomes.

Pregnancy Statistics – Low Birth Rates

Recent statistics from the U.S. Department of Health and Human Services (2014), indicate that there were 3.93 million births in the United States in 2013, down less than 1% from 2012 and 9% from the 2007 peak. In addition, the general fertility rate States was at an all-time low in 2013. Birth rates dropped to record lows in 2013 among women under age 30 and rose for most age groups over 30. The preterm birth rate was 11.39%, down 1% from 2012 and 11% from the 2006 peak. Decline in preterm rates since 2006 were reported across the United States.

For Louisiana recent statistical data shows that low birth rates for babies have increased from 2012 to 2014. In 2012, there were 3,863 numbers of births at 6 percent; in 2013 the number of births increased to 4,154 at 7 percent and in 2014 peaking at 4,290 in births at 7 percent. Research has indicated that maternal behaviors during pregnancy may influence infant birth weight and mortality rates. Louisiana pregnancy risk and monitoring system (PRAMS) hopes to improve the health of mothers and infants by identifying factors associated with adverse outcomes and making recommendations for new programs to reduce these adverse outcomes such as low birth weight, infant mortality and morbidity, and maternal morbidity. PRAMS provides state-specific data for planning and assessing health programs and for describing maternal experiences that may contribute to maternal and infant health.

The recent increases in non-marital births have been widespread across race and Hispanic ethnicity groups. Adult women aged 20 and over have accounted for much of these increases. In earlier decades, references to teenage and non-marital childbearing were used interchangeably, because large proportions of unmarried mothers were teenagers. In recent years, less than one-fourth of non-marital births were to teenaged women. Despite the currently older age profile of unmarried mothers, concerns remain because their infants are at greater risk of low birth weight, preterm birth, and dying in infancy, and are more likely to live in poverty than babies born to married women.

The historic increases in non-marital childbearing result from many factors including substantial delays in marriage, beginning with the baby-boom generation and changes in sexual activity, contraceptive effectiveness, use, and abortion pregnancy termination. Many infants are also born to couples in cohabiting relationships. According to the 2002 National Survey of Family Growth (NSFG), about 40% of recent non-marital births were to cohabiting women (10). In addition, there have been attitudinal changes. The societal disapproval that unmarried mothers faced at one time has diminished sharply. With the availability of more detailed birth data for 2007 from the vital statistics system and new data from the 2006–2008 NSFG, it will be possible to monitor current trends in the behaviors and attitudes that affect fertility patterns for unmarried women and the health outcomes for their babies.

Target Populations

Based on an updated analysis from the National Campaign to Prevent Teen and Unplanned Pregnancy, childbearing in Louisiana cost taxpayers an estimated \$152 million in 2010. However, in comparison to the national average childbearing among teens have cost taxpayers (federal, state and local) approximately \$9.4 billion each year. Most of the public sector costs of teen childbearing are associated with negative consequences for the children of teen mothers, during both their childhood and their young adult years. Annual taxpayer costs associated with children born to teen mothers include public health care Medicaid and CHIP, and child welfare. Among those children who have reached adolescence and young adulthood, increased rates of incarceration, and lost tax revenue due to decreased earnings and spending.

Between 1991 and 2010 there have been 216,191 teen births in Louisiana, costing taxpayers a total of \$4.8 billion. These public sector costs would have been higher had it not been for the substantial declines in teen childbearing over that same period. Louisiana has seen a 37% decline in the teen birth rate between 1991 and 2010. The impressive strides made in reducing early childbearing in Louisiana saved taxpayers an estimated \$160 million in 2010 alone as compared to what they would have paid if rates had not fallen. The average annual cost to taxpayers associated with a child born to a teen mother each year from birth to age 15.

Another target population that is continuing to grow and it is the millennial generation. The Millennials are prime target population of adolescents which focuses on the age groups of 18 to 29. This generation is also known as Generation Y, Generation Z, ME Generation, Echo Boomers and the American teen & twenty-somethings. These particular individuals are either very conservative or liberal in their views and thought processes, well-educated, results oriented, independent and technically savvy. Therefore, as this new generation of individuals take center stage in society in dealing with the issues concerning sex education, teen pregnancy, HIV/AIDS and other health concerns or at-risk behaviors in order to efficiently address their needs and concerns. Currently, the clients the pregnancy clinics/centers cater to are individuals that are a part of the Millennial Generation. However, because of the changing of times and the different forms of communications the typical approaches and/or methodology in addressing the various needs of this population of individuals pregnancy clinics/centers are going to have to be creative in the ways in which they communicate information to them. Because this is a generation that is very technically savvy and social media driven – pregnancy clinics/centers are going to have to utilize several techniques in order to find out which methods are most effective with the young women and men to get them actively engaged in the process.

Given the severity of health and psychological issues that this at-risk population is faced with – the pregnancy clinics play a vital role in helping to get these young women and men the help that they need.

CTLM has provided services to women of child-bearing age before, during, immediately after, and between pregnancies. The women we serve are predominately African American and poor (Louisiana has the nation's second-highest poverty rate). They not only suffer from tremendous social challenges including violence, racism, crime, and poor education but also have high rates of drug and alcohol addiction, behavioral health problems, obesity, and often experience sexually transmitted diseases.

Our programs and services continue to address those risk factors that have adverse effects on our target population of TANF eligible low income pregnant women's social, emotional and physical well-being. Through our supportive services such as counseling, prenatal and parenting support groups, free clothing for mother and child, food, referrals and other appropriate services. CTLM also partner with maternity homes, adoption agencies linking our clients to other life affirming entities to support mothers as they choose life for their unborn.

Currently, our services are offered through six pregnancy resource centers/clinics operations and through our home outreach services. To expand our services to our growing population of Millennials and pregnant minors we are attempting to expand our approach by creating small satellite site which modifies the services offered through the Coordinated Prenatal Care Services approach.

Satellite Pregnancy Centers/Clinics

As a statewide initiative, the Life Choice Project is continuously seeking to provide a wide range of supports and services to women experiencing a planned or crisis pregnancy, throughout Louisiana which includes information, education and other resources needed to ensure a healthy and full-term delivery. For this reason, the LPC will be working to establish a pregnancy satellite center/clinic in a centrally located rural or marginalized area(s) that do not have a full service pregnancy center/clinic nearby.

The pregnancy satellite center/clinic will be set up to function in the same capacity as a regular operating pregnancy center/clinic providing services 3-days a week. These satellite clinics will be a fully licensed center/clinic that will be able to provide services to clients such as pregnancy testing, STD testing, childbirth classes, medical consultation, post-abortion counseling services, and health and nutrition classes on a walk-in basis or by appointment. In addition, to other resources typically

provided by a full service pregnancy center/clinic such baby clothes, formula, diapers or other resources to assist pregnant women or those experiencing a crisis pregnancy. One of the main benefactors of establishing a satellite center/clinic is its ability to be more cost effective than a regular pregnancy center/clinic with start-up, overhead fees and full associated with a new clinic and its implementation. However, as pregnancy satellite clinics/centers gain momentum through name recognition, visibility and the services that it provides to both pregnant women and men over time – will enable that particular satellite site to become a full serving pregnancy center provider in that designated community and/or area. The target areas that are in severe need of accessibility to a pregnancy center is the Ascension and Calcasieu parishes to expand outreach efforts.

By having a pregnancy satellite clinics located in these specific areas will enable pregnant and pregnant women in crisis to have access to quality pregnancy services and other resources to assist their needs. Other resourceful benefits of establishing the pregnancy satellite clinics/centers is that these clinics have the ability to be more technology driven with its cliental by making appointments and test results and easier accessible for clients, pregnancy centers and hospitals in the event that a client has to be referred to one of the pregnancy centers or hospital in an emergency situation for follow up or further assessment.

Further, the pregnancy satellite clinic/center will serve as an additional approach to reach high risk potential clients to decrease the risk of unwanted pregnancy and pregnancy termination as well as promote awareness and education of the importance of health care for both pregnant women and their babies during and after pregnancy. In addition, this satellite clinic effort is to also target and serve adolescents aged 13 to 21 years that reside in rural, urban and suburban areas in an effort to decrease Louisiana's out-of-wedlock pregnancies, teen pregnancy and high birth rates.

Collaborations aimed at serving a broad population base

One of the greatest strengths of the Life Choice Project is the diversity of experience and expertise of the partnerships and other key stakeholders who support this endeavor. This diversity has enabled the project to develop a broad-base of supports that encompasses multiple perspectives from multiple disciplines as well as multiple communities. In turn, these partnerships help to sustain the development of the Life Choice Project's plan for improving birth outcomes in that is truly *multi-level, comprehensive, community-driven and incorporates promising practices*. The following is a listing of the network of community organizations supporting the efforts the Life Choice Project to ensure pregnant women access to appropriate supports and services.

The six partner service providers currently offer the *Coordinated Prenatal Care Services (CPCS)* services through their pregnancy resource centers/clinics and have at least six years of experience working with pregnant women. This network of faith-based pregnancy resource centers/clinics participate as partners in providing the coordinated delivery of supports and services to the target population of pregnant women in crisis. Services are designed to support the local efforts of participating agencies and to provide the resources and supports that enable them to enhance their capacity to effectively meet the needs of their clients. Coordinated Prenatal Care Services Subcontractors include:

- A Pregnancy Center and Clinic, Lafayette, LA
- Access Pregnancy and Referral Center – Metairie, Metairie, LA
- Care Pregnancy Clinic, Baton Rouge, LA
- Women's Center of Lafayette, Lafayette, LA
- Women's Life Ministries, Amite, LA
- Women's Resource Center of Natchitoches

We are attempting to not only expand our service delivery but also our method of reaching our hard to reach population of TANF eligible low income pregnant women, pregnant minor, their partners, and families. With the addition of the three new centers/clinics, the Life Choice Project will broaden to reach in DCFS Regions 4 (Thibodaux) and 6 (Lake Charles)

An example, of a pregnancy center making a huge impact in the community and providing services for its clients – in Natchitoches, LA provides the following narrative: *It was noted, "that while doing some preliminary data analysis, it came to my attention that clients who go through our program appear to have a significantly lower rate of pre-term deliveries (10.4%) than those in our parish (>16.9%) and throughout the state (12.3%/15.1%). I would imagine that when other Centers look at their data, they will find they have similar positive results. While there is still much to be done in the way of analysis (i.e. looking at extenuating circumstances with early deliveries, birth weights, clients*

prior to 2015, etc.) it seemed as though this would be some powerful information to include during the grant process. We feel that this is a direct result of the additional education and support that clients receive from our program which is significantly enhanced by partnering with the Life Choice Project. Coming just from a financial standpoint, children born premature are far more likely to need extensive medical assistance at birth and throughout their lifetime than a child born at term. Considering that the vast majority of the children born in this state are covered by Medicaid, investing in Centers like ours could result in significantly lower rates of pre-term deliveries which would result in lower health care costs for the State across the board. A small investment by the State (\$225) per client could reduce health care costs of newborns from \$32,000 during the first year of life for a child born pre-term to approximately \$3,000 for a child born at term. I have included information from the March of Dimes and a managed care web site that discuss these costs differences further." -
Pregnancy Center Provider

Other support and services include providing quality referrals that meet the individual needs of pregnant women and their families. Subcontractors are required to develop an outreach plan that identifies appropriate referral sources within their local communities. A community directory must be available at each site that include the description of services, name of agency, address, telephone number, contact person, and any cost associated with the services. The directory should include, but not limited to information on: adoption; AIDS/HIV; alcohol, tobacco, and other drug abuse programs; child welfare services; children with special needs program; early childhood intervention program (Head Start, Early Head Start, Birth to 3); domestic/family violence; employment/job training; food pantries/other food services; special supplemental food program for women, infant, and children (WIC); housing and shelters for the homeless; maternity homes; legal assistance; social service (e.g., family/marriage counseling, family support services; clothing for newborns; parenting education (including fathers); perinatal loss/grief counseling; family resource centers; adult education; transportation; etc.

To limit liability, the CTLM and the Life Choice Project does not make recommendations, but instead offer consumer education in choosing the appropriate supports and services and provide participants with choices of at least 3 referrals. If three referrals are not possible other options will be discussed and written materials will be provided as available. The following disclaimer is provided verbally during the intake process and in written form when referrals are provided.

Required Attachments

- I. Budget Forms
- II. Budget Narrative
- III. IRS 501(C) Status Letter
- IV. Louisiana Secretary of State Certification
- V. Louisiana Secretary of State Documents Verifying "Good Standings"
- VI. By Laws
- VII. LCP Staff Job Descriptions/Resumes
- VIII. Facility Leases

Department of Children and Family Services –*Alternatives to Abortion Initiative – 9/1/2016 to 6/30/2017*

Caring to Love Ministries – "The Life Choice Project"

